

**NEVADA'S 2009 IMPLEMENTATION REPORT
OF THE
COMMUNITY MENTAL HEALTH SERVICES
BLOCK GRANT**

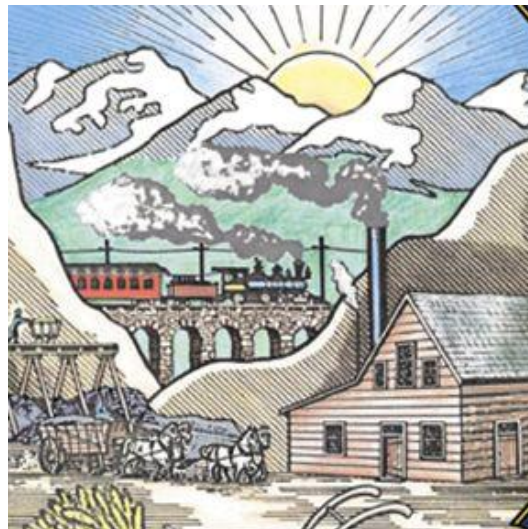
SUBMITTED BY THE STATE OF NEVADA'S:

DIVISION OF MENTAL HEALTH AND DEVELOPMENTAL SERVICES

DIVISION OF CHILD AND FAMILY SERVICES

MENTAL HEALTH PLANNING ADVISORY COUNCIL

DECEMBER 1, 2009



December 1, 2009

I. NARRATIVE CONTENT OF THE IMPLEMENTATION REPORT

Adult

Summary of Areas Previously Identified by Nevada as Needing Improvement

In the federal fiscal year (FFY) 2009 grant application MHDS set forth the following funding priorities:

Priority:	1. Continue Expansion of the Consumer Assistance Program (CAP)		
Item:	<ul style="list-style-type: none"> Consumer Service Assistant staff 		
Update:	During SFY 2009, MHDS funded a total of 13.5 Consumer Service Assistant (CSA) positions supported by both block grant funding and State general funds, positioned statewide as follows:		
	Region	Location	Positions
	North – Reno	NNAMHS	5.5
	South – Las Vegas	SNAMHS	5
	Rural – Carson City	Rural Clinics	1
	Rural – Pahrump	Rural Clinics	1
	Rural – Minden	Rural Clinics	1
	TOTAL:		13.5

Originally, these positions were contracted when the program began in 2000, and then converted to State positions in 2002. This has significantly increased consumer involvement within the State system and serves to empower clients who benefit from working with mentors who are succeeding in their own recovery. MHDS has identified a continuing unmet need in the use of peer support mechanisms and desires to strengthen the consumer support infrastructure by expanding this program.

In SFY 2009 certification of the CSA's continued, which requires completion of a rigorous week long course of study and three months of prior preparation in such topics as confidentiality, recovery activities, how to inspire hope and how to recognize the signs of suicidality. However, the recent statewide general fund revenue shortfall in Nevada will most likely result in very little opportunity to expand this program further.

Priority:	2. Innovative Projects		
Item:	<ul style="list-style-type: none"> Service Coordination Conference 		
Update:	The Service Coordinator Conference mentioned in previous applications was regionalized in 2009 in order to reduce travel expenditures and maximize the numbers of staff able to attend. These conferences are one of the few training opportunities for Service Coordinators employed within the State system.		

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Item: • Program Evaluation graduate intern

Update: During SFY 2008, MHDS transferred the graduate intern previously funded by the block grant that provides resources to complete secondary analysis of program evaluation data, the design of needs assessments, and national data comparison research. The intern recruited in SFY 2008, Don Karr, remains with the MHDS Planning and Evaluation Unit, but is now funded via the Data Infrastructure Grant (DIG). This position provides analysis of Nevada's Uniform Reporting System (URS) data, as well as assists in implementation of AVATAR by working with agency managers to develop management infrastructure, which used AVATAR data within each MHDS agency.

Item: • Western Interstate Collaborative for Higher Education (WICHE) dues

Update: Participation in the Western Interstate Collaborative for Higher Education (WICHE) allows Nevada to network with other states in the western region through the Western States Decision Support Group (WSDSG). WSDSG is a regional user group for the Mental Health Statistics Improvement Program (MHSIP) and is supported by staff from the WICHE Mental Health Program. The WSDSG is comprised of two consumers, state representatives from 15 western states, and a staff person. It works on inter-state research projects and meets three times annually.

Priority: 3. Expand Planning and Evaluation Unit Staff

Item: • Clinical Program Planner staff

Update: Block grant funding was used to support Clinical Program Planner staff responsible for the compilation of a Needs Assessment, Consumer Satisfaction surveys and coordination of the Division's Disaster Response and Emergency Services Team.

Item: • Quality Assurance staff

Update: Block grant funding also supports Quality Assurance staff that monitor the quality of residential programs, investigate client treatment complaints and monitor community service quality. They also ensure compliance with standards and regulations. They also provided statewide coordination of performance improvement and programming for residential services such as group homes, supported living arrangements (SLA's), and intensive supported living arrangements (ISLA's).

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Significant Events That Impacted the State Mental Health System in SFY 2009

Statewide General Fund Revenue Shortfall

In Nevada's SFY 2009 grant application, it was noted that a statewide general fund revenue shortfall in Nevada was beginning to have an adverse affect on all health and human services programs. This past year has been a very difficult economic year for both the United States and for the state of Nevada. Many of the health and human service agencies in Nevada will be facing large budget cuts and will be grappling with the challenges of needing to serve fewer clients, reduce services, or cut programs. All this may result in further workforce reductions and/or salary reductions.

Nevada's economic downturn now ranks as one of the worst among the 50 states. Nevada ranked No. 3 among the 17 states that reported revenue declines.¹ Nevada also has the second most severe state government spending problem after Arizona. Nevada reported an 11.4 percent "revenue gap," which represents the percentage difference between available tax revenue and planned general fund spending. Nevada expects further declines in the current fiscal year, according to a report by the National Council of State Legislatures, an association that represents interests of state legislatures.

Because of the lingering economic recession, Nevada's Governor prepared a \$6.2 billion budget for SFY 2010/2011 that was about 9-percent lower than the budget for the previous biennium (SFY 2008/2009). This is a proposed drop in spending in contrast to previous biennia when there were increases of 15-20 percent as a growing Nevada faced steadily increasing demands for government services. The proposed spending is more than \$2 billion short of what state officials say is needed to maintain government services at current levels as well as deal with inflation and increased demand.

Transformation Plan

As mentioned above, Nevada has been severely impacted by the economic crisis. The state's economy is heavily dependent on the tourism industry that is generally hit hard by economic downturns and is slow to recover once the economy turns around. Under these circumstances, the State's revenue has been significantly less than forecasted and cuts have been made to most government services.

MHDS is not exempt from these reductions. State employees, including the 1,700+ at MHDS, have been furloughed one day per month, equivalent to a 4.6% pay reduction. This mechanism also effectively reduces staffing. Merit increases and longevity pay have been suspended for fiscal years 2010 and 2011. Some positions have been eliminated, primarily in the hospital services. Overall, MHDS endured a 14% budget reduction.

In the face of these challenges, MHDS has taken the opportunity to re-design itself. The Division launched a strategic planning project in October 2008. The plan endeavors to increase efficiency on support and infrastructure functions. The plan also tackles the challenge of

¹ Vogel, E. Economic Downturn: Nevada's fiscal woes among worst. State rank in top three in U.S. for revenue declines, revenue gaps. Jul. 24, 2008 Copyright Las Vegas Review-Journal

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maximizing the coordination between the Divisions three major responsibilities, mental health, developmental services and substance abuse programs. In these ways we hope to improve the efficiency of the resources that remain.

The rural region has embarked on implementing this new vision and will become the pilot. The separate mental health and developmental service agencies will begin combining administratively. As we move forward, we will seek additional social service and healthcare partners with which we can collocate and collaborate. Additional information is contained in the "Reorganization of Rural Clinics" section below.

Reorganization of Rural Clinics

In an effort to increase efficiencies in service delivery systems, reduce administrative costs and discover more effective models for service delivery, the Rural Clinics agency of MHDS is proposing a significant reorganization. Historically, rural mental health clinics have been supervised by a central administrative office in Carson City resulting in problems with quality of care, staff supervision and operational efficiency. The proposal is to divide the rural area into north and south, coinciding with the service areas of the Developmental Services Agencies. The advantages of splitting the rural area and consolidating the clinics in the southern region are:

- Savings in travel costs for administrative oversight, staff training and meetings.
- Local supervision of clinics in the south out of Las Vegas allows increased monitoring of client services.
- Opportunities for increased collaboration between the southern mental health clinics.
- Improved training opportunities in Las Vegas for Rural Clinics employees.
- Efficiencies in business office functions.
- Less loss of service time due to staff travel.

Further efficiency is proposed by combining the Developmental Services and Mental Health Rural Clinics in the north into one agency. This would involve combining some of the business office functions as well as the quality management functions in the two agencies. This plan consolidates the southern rural clinics into an existing administrative structure which has greater capacity to support clinic operations and provide close supervision. The consolidation of the northern clinics with rural development services will reduce duplication of support services, clinic sites and staffing.

The following table depicts the organizational structure of the Rural Clinics as presented in the State's 2009 Block Grant Application.

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STATEWIDE RURAL CLINICS		
Primary Clinics	Satellite Clinics	Itinerant Clinics
Carson City	Battle Mountain	Caliente
Douglas County	Lovelock	Lake Tahoe
Elko	Yerington	Moapa
Ely		Hawthorne
Fallon		
Laughlin		
Mesquite		
Pahrump		
Silver Springs		
Winnemucca		

The tables below depict the proposed reorganized structure of the Rural Clinics.

NORTHERN NEVADA RURAL CLINICS		
Primary Clinics	Satellite Clinics	Itinerant Clinics
Carson City	Battle Mountain	Lake Tahoe
Douglas County	Lovelock	
Elko	Fernley	
Ely	Tonopah	
Fallon	Hawthorne	
Silver Springs		
Winnemucca		
Yerington		

SOUTHERN NEVADA RURAL CLINICS	
Primary Clinics	Satellite Clinics
Pahrump	Laughlin
Mesquite	Caliente
	Moapa

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Purpose, Recipients and Activities of Block Grant Expenditures in SFY 2009

In SFY 2009, the bulk of CMHS funds were utilized to provide community-based direct service staff in the three primary regions of the state: north, south, and rural. Staff and other grant expenditures are summarized as follows:

Northern Nevada Adult Mental Health Services (NNAMHS): CMHS funded support salaries for two full-time Consumer Service Assistants as part of the Consumer Assistance Program (CAP). Funds also supported salaries for one full-time Substance Abuse Counselor, one full-time Psychiatric Caseworker, and one half-time Psychiatric Caseworker as part of the PACT Team.

Southern Nevada Adult Mental Health Services (SNAMHS): CMHS funds supported salaries for five full-time Consumer Service Assistants as part of the CAP. Funds also supported salaries for one full-time Substance Abuse Counselor and one full-time Clinical Social Worker as part of the PACT Team.

Rural Clinics: CMHS funds supported salaries for Psychologists, Psychiatric Nurses, and Clinical Social Workers. CMHS funds also supported salaries for three full-time Consumer Service Assistants as part of the CAP, with one each positioned in Carson City, Minden, and Winnemucca.

Statewide: CMHS funds supported a Clinical Program Planner and four Quality Assurance staff for the Planning and Evaluation Unit. Funds also offset one administrative support position designated to serve as staff to the Mental Health Planning Advisory Council (MHPAC). Additionally, funds supported annual innovative projects including the MHDS Service Coordination Conference, Quality Assurance staff training, annual WICHE dues and training for Investigators.

The information from the expenditure plan contained in the 2009 Grant Application is presented here to delineate the amounts allocated to the MHPAC, MHDS and DCFS respectively for SFY 2009.

As noted in the grant application, Nevada has shifted the expenditure of grant funds ahead by one fiscal year, thereby using the prior federal fiscal year award to budget for the following State fiscal year. Therefore, the expenditure plan below reflects expenditures for SFY 2009, utilizing grant funds from FFY 2008. The following expenditure report accounts for the entire FFY 2008 grant award of \$3,653,451 budgeted for SFY 2009:

December 1, 2009

MHPAC	<i>Amount Budgeted</i>	<i>Amount Expended</i>
Council operation and administration (administrative expenses)	101,614	107,337.66
Providing administrative support to the Commission on Mental Health and Developmental Services (NCMHDS) designed to strengthen the operation of the Commission and improve collaboration with the MHPAC.	72,040	19,965.79
Council travel to quarterly meetings and the rural monitoring project.	22,615	53,242.68
MHPAC TOTAL for SFY 2009:	\$196,269	\$180,546.13
MHDS	<i>Amount Budgeted</i>	<i>Amount Expended</i>
Northern Nevada Adult Mental Health Services (NNAMHS): Staff including Substance Abuse Counselor, PACT Team and Consumer Service Assistants	249,693	247,079.00
Southern Nevada Adult Mental Health Services (SNAMHS): Staff including Substance Abuse Counselor, PACT Team and Consumer Service Assistants	196,843	196,728.00
Rural Mental Health Clinics (RC): Staff including Psychologists, Clinical Social Workers, Service Coordinators (Case Managers) and Consumer Service Assistants	635,169	611,434.00
Support for the Consumer Assistance Program (CAP):	12,805	30.32
Planning and Evaluation Unit: Staff including Statewide Residential Supports Coordinator and Quality Assurance Investigators	476,751	405,020.41
Innovative Projects: Service Coordination Conference, Program Evaluation graduate intern, WICHE dues	73,957	76,188.51
MHDS TOTAL for SFY 2009:	\$1,645,218	\$1,536,480.24

Nevada's SFY 2009 CMHS Block Grant Implementation Report

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DCFS	<i>Amount Budgeted</i>	<i>Amount Expended</i>
Northern Nevada Child and Adolescent Services (NNCAS): Staff including mental health counselors providing outpatient treatment and an SED drug program	409,966	409,972.77
Northern Nevada Child and Adolescent Services (NNCAS): Psychiatric nurse, psychiatric consultations, Psychiatric Fellowship Program, psychological and neuropsychological evaluations	96,500	74,696.03
Northern region respite care and placement prevention	35,936	35,929.33
Southern Nevada Child and Adolescent Services (SNCAS): Staff including outpatient treatment and case management	632,944	633,138.50
Southern region respite care and placement prevention	53,903	44,966.50
Statewide Mental Health Coordinator	116,907	115,516.43
Juvenile Justice Mental Health Coordinator	88,525	23,975.53
New Administrative Assistant for PEU	33,786	44,105.66
Placement prevention funds	25,453	24,080.95
Nevada PEP sub-grant for system of care support	150,000	150,000.00
Program assessment and evaluation for Wraparound In Nevada (WIN) program	78,801	95,182.00
Mental Health Consortia operating support	5,000	4,513.31
Staff training and consultation	84,243	138,933.59
DCFS TOTAL for SFY 2009:	\$1,811,963	\$1,795,010.50
SFY 2009 BLOCK GRANT TOTAL:	\$3,653,451	\$3,512,036.87
BALANCE REMAINING:		\$141,414.13

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5% Grant Administration Check	<i>Amount Budgeted</i>	<i>Amount Expended</i>
50% of Administrative Assistant for Council Support	22,410	22,445.48
Stipends paid to Council members of administrative activities	6,918	6,364.92
Council travel for administrative activities	17,677	13,847.10
Grant consultant	46,980	58,027.50
Operating supplies	1,330	1,165.70
Equipment	3,250	1,642.72
Other	3,050	3,844.24
Total grant administration for SFY 2009:	\$101,615	\$107,337.66
SFY 2008 Block Grant total:	\$3,653,451	\$3,512,036.87
Percent of SFY 2009 Block Grant total:	2.78%	3.06%

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Child

Summary of Areas Previously Identified by Nevada as Needing Improvement

In the SFY 2009 grant application, DCFS set forth the following funding priorities:

<i>Priority:</i>	1. Expand Outpatient Services in the Northern Region
<i>Items:</i>	<ul style="list-style-type: none"> • Clinical Social Workers • Outpatient medications
<i>Update:</i>	During SFY 2009, DCFS continued funding outpatient staff positions at Northern Nevada Child and Adolescent Services (NNCAS). This includes eight full-time mental health professionals dedicated to providing services to children with SED or at risk of SED in the northern region. Additionally, funds are used to supplement the provision of medications to children and adolescents receiving outpatient services. At this point, capacity seems to meet the needs as waitlists are short and children access treatment quickly.
<i>Priority:</i>	2. Support Operation of the Legislatively Mandated Mental Health Consortia
<i>Items:</i>	<ul style="list-style-type: none"> • Administrative and travel expenses
<i>Update:</i>	During SFY 2009, DCFS continued to allocate funds to offset administrative and travel expenses for three regional Children's Mental Health Consortia. These groups were established at the close of the 2001 Legislative Session to engage in annual planning efforts for the provision of services to children with emotional disturbance within the three primary regions of the state: north, south and rural.
<i>Priority:</i>	3. Enhance Training for Mental Health Professionals
<i>Items:</i>	<ul style="list-style-type: none"> • Additional statewide training and consultation funds
<i>Update:</i>	During SFY 2009, DCFS continued to allocate funds for statewide training for DCFS and community partner agencies' mental health professionals.
<i>Priority:</i>	4. Clinical staff positions and program retention for SFY 2009
<i>Items:</i>	<ul style="list-style-type: none"> • Placement prevention funds • Nevada Parents Encouraging Parents (PEP) sub-grant for system of care support • Clinical Program Planner and Grants Manager • Children's Mental Health Planning and Evaluation Manager • Administrative support for Children's Mental Health Planning and Evaluation Unit • Psychological testing materials, assessment and evaluations • Program assessment and evaluation by the National Institute for Mental Health

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wraparound fidelity study

- Support for the University of Nevada School of Medicine (UNSOM) Child and Adolescent Psychiatric Fellowship Program

Update: All of the above programs, contracts, and staff positions were funded during SFY 2009 and accomplished the following outcomes:

- Placement prevention funds help augment mental health services with medications, medical assessments, and other services as well as critical basic needs designed to keep children and adolescents within their family unit.
- The sub-grant to Nevada PEP for system of care support statewide serves to strengthen the service delivery system infrastructure to ensure effective family-driven mental health services in Nevada for children with SED and their families. This includes collection of outcome data on program activities that empower families to help themselves through effective system advocacy and transformation of mental health services toward family-driven service delivery system.
- The Clinical Program Planner and Grants Manager is responsible for program planning, evaluation and grants management for DCFS Children's Mental Health programs.
- The Children's Mental Health Planning and Evaluation Unit Manager is responsible for coordinating performance and quality improvement for children's mental health services provided by DCFS as well as community providers.
- Psychological evaluations supplement psychological and neuropsychological evaluations completed for children and adolescents with SED.
- Program assessment and evaluation funding is used to contract for assessment and evaluation activities of existing mental health programs to improve their efficiency and effectiveness.
- Support for the UNSOM Child and Adolescent Psychiatric Fellowship Program assists in addressing the shortage of child and adolescent psychiatrists in Nevada. Block Grant funds are used to provide consultation, medical management, and therapy services through this program.

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Significant Events That Impacted the State Mental Health System in SFY 2008

In Nevada's SFY 2009 grant application, it was noted that a statewide general fund revenue shortfall in Nevada was beginning to have an adverse affect on all health and human services programs. This past year has been a very difficult economic year for both the United States and for the state of Nevada. Many of the health and human service agencies in Nevada will be facing large budget cuts and will be grappling with the challenges of needing to serve fewer clients, reduce services, or cut programs. All this may result in further workforce reductions and/or salary reductions.

Nevada's economic downturn now ranks as one of the worst among the 50 states. Nevada ranked No. 3 among the 17 states that reported revenue declines.² Nevada also has the second most severe state government spending problem after Arizona. Nevada reported an 11.4 percent "revenue gap," which represents the percentage difference between available tax revenue and planned general fund spending. Nevada expects further declines in the current fiscal year, according to a report by the National Council of State Legislatures, an association that represents interests of state legislatures.

Because of the lingering economic recession, Nevada's Governor prepared a \$6.2 billion budget for SFY 2010/2011 that was about 9-percent lower than the budget for the previous biennium (SFY 2008/2009). This is a proposed drop in spending in contrast to previous biennia when there were increases of 15-20 percent as a growing Nevada faced steadily increasing demands for government services. The proposed spending is more than \$2 billion short of what state officials say is needed to maintain government services at current levels as well as deal with inflation and increased demand. During the 2009 legislative session, additional budget cuts were made to the DCFS children's mental health budget that included the following:

Southern Nevada Child and Adolescent Services

- Eliminate 5 Full Time Equivalent (FTEs) positions at Desert Willow Treatment Center (DWTC) in the Dual Diagnosis Unit thereby suspending the creation of a residential treatment unit to one serving youth with co-occurring mental health and substance abuse disorders.
- Eliminate the funding for a Mobile Crisis Unit.
- Mandate 8-hours per month of unpaid furlough leave for all employees, a reduction of 4.6% in the number of hours worked and salary paid to each employee.
- Suspend Merit Salary increases for State employees for two years.
- Suspend Longevity payments to State employees for two years.

Northern Nevada Child and Adolescent Services

- Eliminate 2 part-time clinical positions
- Mandate 8-hours per month of unpaid furlough leave for all employees, a reduction of 4.6% in the number of hours worked and salary paid to each employee.

² Vogel, E. Economic Downturn: Nevada's fiscal woes among worst. State rank in top three in U.S. for revenue declines, revenue gaps. Jul. 24, 2008 Copyright Las Vegas Review-Journal

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- Suspend Merit Salary increases for State employees for two years.
- Suspend Longevity payments to State employees for two years.

Wraparound in Nevada for Children and Families

- Mandate 8-hours per month of unpaid furlough leave for all employees, a reduction of 4.6% in the number of hours worked and salary paid to each employee.
- Suspend Merit Salary increases for State employees for two years.
- Suspend Longevity payments to State employees for two years.

Capital Improvement Project

The Center for Medicaid and Medicare Services (CMS) conducted a site visit of Desert Willow Treatment Center (DWTC) in June 2008. DWTC has acute child and adolescent psychiatric units and residential treatment center units in the same building at SNCAS in Las Vegas. Following the site visit CMS contacted the DCFS administration to inform them that they were out of compliance with a Medicaid regulation that stipulates that an acute psychiatric hospital and a residential treatment center cannot be housed in the same building. DCFS administration quickly developed a business plan that outlined options for handling the crisis. Despite the budget cuts to all government programs, the 2009 Legislature voted to approve a Capital Improvement Project to build a 36-bed children's acute psychiatric hospital.

In 2008 the Nevada Division of Health Care Financing and Policy (DHCFP) changed the Medicaid reimbursement rate for children and adolescents (under 21 years of age) to match the adult rate for services. Previously children's mental health services reimbursed by Medicaid received an enhanced rate. The rate decrease went into effect March 2009.

In 2008, in response to CMS' direction, Medicaid unbundled the core services for treatment homes. Prior to unbundling, children's needs must have been for a minimum of two hours of service per day in order to qualify for treatment home services. Services are subject to prior authorization. With the unbundling of treatment home services and authorization of the separate services, providers have had difficulty navigating the utilization management process. The state is monitoring the impact of health care reform and coverage of therapeutic foster care and treatment home services.

In many states treatment home providers are paid through sources in addition to Medicaid. In late 2008, DCFS reallocated funds to pay treatment home providers a specialized room and board rate. A workgroup formed to develop the scope of work for the contracts that would be necessary to pay treatment homes for the work that they perform that is direct mental health rehabilitative services. The specialized room and board rate will cover children who are in child welfare custody, youth parole custody, tribal custody, and parental custody (includes those involved or not involved with county juvenile probation). The specialized room and board rate was increased in the state budget for fiscal years 2010 and 2011.

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Purpose, Recipients and Activities of Block Grant Expenditures in SFY 2009

Staffing with Block Grant Funds

In SFY 2009, the bulk of CMHS allocated to the Division of Child and Family Services (DCFS) were utilized to provide community-based direct service staff in the northern and southern regions along with respite care services. Staff and other grant expenditures are summarized as follows:

Northern Nevada Child and Adolescent Services (NNCAS): The CMHS Block Grant partially funded salaries for outpatient program staff as follows:

- Clinical Program Managers – 3
- Psychiatric Caseworkers – 3
- Mental Health Counselors – 9
- Clinical Social Worker – 1
- Administrative Assistants – 3

Additional expenditures were made for direct clinical services including a half-time psychiatric nurse, psychiatric consultation fees, funding for the Psychiatric Fellowship Program, and psychological and neuropsychological evaluations. Additional funds offset the cost of prescription drugs for children with SED, and offset operating expenses for the outpatient staff.

Northern region respite care and placement prevention: CMHS funds supported contract services that provide interim respite care for children with SED or families at risk of entering higher levels of care within the mental health system.

Southern Nevada Child and Adolescent Services (SNCAS): The CMHS Block Grant partially funded salaries for outpatient program staff as follows:

- Licensed Psychologist – 2
- Clinical Program Managers – 5
- Clinical Program Planner – 1
- Psychiatric Caseworker – 5
- Psychiatric Nurse – 1
- Mental Health Counselors – 1
- Administrative Assistants - 9

Southern region respite care and placement prevention: CMHS funds supported contract services that provide interim respite care for children with SED or families at risk of entering higher levels of care within the mental health system.

Children's Mental Health Planning and Evaluation Unit Manager: This position was responsible for developing and coordinating performance and quality improvement for children's mental health services provided by DCFS as well as community providers.

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Administrative Assistant for Planning and Evaluation Unit (PEU): This position provided administrative support to the PEU.

Clinical Program Planner/Grants Manager: This position was responsible for program planning, evaluation and grants management under the PEU for DCFS Children's Mental Health programs.

Placement prevention funds: The CMHS Block Grant helped augment mental health services for children within the child welfare system, including medications, medical assessments, and time-limited mental health services designed to keep children and adolescents within their family unit.

Nevada PEP sub grant for System of Care support: Funding here included a sub grant to Nevada PEP to strengthen the service delivery system infrastructure to ensure effective family-driven mental health services in Nevada for children with SED and their families. This includes collection of outcome data on program activities that empower families to help themselves through effective system advocacy and transformation of mental health services toward a family-centered and family-driven service delivery system.

Mental Health Training and Consultation: The CMHS Block Grant funded staff training and consultation on mental health and substance abuse topics to its employees through many different venues.

Commission on Mental Health and Developmental Services and Mental Health Consortia: CMHS funds supported travel and administrative costs for the Commission on Mental Health and Developmental Services and the three regional Mental Health Consortia mandated under Nevada State law.

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Percent of SFY 2009 Block Grant total:	2.78%	3.06%

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II. PERFORMANCE INDICATORS

Adult

Transformation Activities: ☐

Name of Implementation Report Indicator: Increased Access to Services (Number)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2007 Actual	FY 2008 Actual	FY 2009 Target	FY 2009 Actual	2009 % Attained
Performance Indicator	24,338	25,502	25,757	27,817	108
Numerator	N/A	N/A	--	N/A	--
Denominator	N/A	N/A	--	N/A	--

Table Descriptors:

Goal:	4: Ensure that the service system meets the needs of adults in the public sector with mental illness.
Target:	4.1: Maintain or increase, within a 5% year-to-year variance, the number of adults receiving mental health services through MHDS, demonstrated by the number of adults served within the State system of care.
Population:	All adult clients, regardless of SMI status
Criterion:	2: Mental Health System Data Epidemiology 3: Children's Services
Indicator:	Number of adults served within the State system of care.
Measure:	Number of adult, ages 18 and older, served within the State system of care.
Note:	This does not include admission to the State forensic facility.
Source(s) of information:	AVATAR
Special issues:	DATA Note: As MHDS continues to refine its data collection through the AVATAR system, the elimination of duplicate client counts and data cleaning both continue to result in data fluctuations across years. Additionally, the significant reductions in resources (staffing and funding) due to the severe economic downturn in Nevada, has made it necessary to shift expectations from expanding the number of clients served to avoiding reductions in service levels.
Significance:	Providing services to adults with mental illness is the primary purpose of the public mental health system.

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Activities and strategies/ changes/ innovative or exemplary model: MHDS achieved this goal primarily through the implementation of services described in Section III under criterion one of the 2009 application. However, due to the significant reduction in available resources (both staffing and funding) expected in the future, the number of adults served will almost certainly be reduced in SFY 2010. The MHDS strategic planning project will focus on ways to maintain the quality and effectiveness of services by emphasizing community-based services, implementation of evidenced bases practices and consumer involvement in service planning and delivery.

Target Achieved or Not Achieved/ If Not, Explain Why: **Target Achieved**

Transformation Activities: ☐

Name of Implementation Report Indicator: Reduced Utilization of Psychiatric Inpatient Beds – 30 Days (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2007 Actual	FY 2008 Actual	FY 2009 Target	FY 2009 Actual	2009 % Attained
Performance Indicator	15.01	17.67	18.74	15.32	122.32
Numerator	315	376	--	569	--
Denominator	2,099	2,128	--	3,713	--

Table Descriptors:

Goal: 1: Provide high quality mental health services that are accessible, available and responsive to the needs of individuals, families, and communities, emphasizing community-based services.

Target: 1.1: Maintain or decrease, within a 5% year-to-year variance, the utilization of psychiatric inpatient beds demonstrated through the rate of readmission to State psychiatric hospitals within 30 days and 180 days.

Population: All adult clients, regardless of SMI status

Criterion: 1: Comprehensive Community-Based Mental Health Service Systems
3: Children's Services

Indicator: Number of adults readmitted to State hospitals within 30 days and within 180 days compared with the number of adults admitted to State hospitals during the past year, expressed separately as two different percentages.

Measure: Numerator 1: Number of adult clients, ages 18 and older, readmitted to State hospitals within 30 days.
Numerator 2: Number of adult clients, ages 18 and older, readmitted to State hospitals within 180 days.

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Denominator (for both): Number of adult clients, ages 18 and older, admitted to State hospitals during the past year.

Source(s) of information: AVATAR

Special issues: DATA NOTES: This is the first year Nevada is reporting tables 20A and 20B. This is a result of the Client Level Reporting Pilot undertaken by MHDS Information Services staff.

Please also note that data calculation for the 30-day and 180-day readmission rates varies from the method described in the grant application guidelines and the Uniform Reporting System (URS) tables. Originally, calculation of these rates included readmissions in the numerator and discharges in the denominator, per CMHS guidelines. Based on this, the 180-day rate would have to be calculated through December 30, 2009, in order to capture clients who may have discharged the last day of the State fiscal year (June 30, 2009) and readmitted up to 180 days later. However, this is past the September 1 due date for the Block Grant application and past the December 1 due date for the implementation Report, and therefore cannot include a full 180-day calculation. In order to correct for this, readmissions are calculated for 30 days and 180 days prior to the State fiscal year. This means readmissions for the 180-day rate are captured from January 1, 2008 through June 30, 2008; and readmissions for the 30-day rate are captured from June 1, 2008 through June 30, 2008. Furthermore, staff have observed that discharges can occur for clients entering at any point in time, not just the prescribed 30-day and 180-day periods, which may skew the data. Therefore, admission rates are calculated based on readmissions in the numerator and admissions in the denominator, in order to more accurately measure readmissions against the total admissions for the year in the denominator.

Significance: Reducing hospitalization for adults with SMI is a primary goal of MHDS and reflects an increased emphasis on community-based services.

Activities and strategies/ changes/ innovative or exemplary model: MHDS achieved this goal primarily through the implementation of services described in Section III under criterion one of the 2009 application. In particular, MHDS focused on the reduction of hospitalization in spite of the high demand for services in the southern region of the state. As noted in criterion one, Nevada's number of inpatient beds relative to the population is well below the national average.

Target Achieved or Not Achieved/ If Not, Explain Why: **Target Achieved**

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Transformation Activities: ☐**Name of Implementation Report Indicator:** Reduced Utilization of Psychiatric Inpatient Beds
– 180 Days (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2007 Actual	FY 2008 Actual	FY 2009 Target	FY 2009 Actual	2009 % Attained
Performance Indicator	31.97	37.83	38.91	32.72	118.92
Numerator	671	805	--	1,215	--
Denominator	2,099	2,128	--	3,713	--

Table Descriptors:

Goal: 1: Provide high quality mental health services that are accessible, available and responsive to the needs of individuals, families, and communities, emphasizing community-based services.

Target: 1.1: Maintain or decrease, within a 5% year-to-year variance, the utilization of psychiatric inpatient beds demonstrated through the rate of readmission to State psychiatric hospitals within 30 days and 180 days.

Population: All adult clients, regardless of SMI status

Criterion: 1: Comprehensive Community-Based Mental Health Service Systems
3: Children's Services

Indicator: Number of adults readmitted to State hospitals within 30 days and within 180 days compared with the number of adults admitted to State hospitals during the past year, expressed separately as two different percentages.

Measure: Numerator 1: Number of adult clients, ages 18 and older, readmitted to State hospitals within 30 days.
Numerator 2: Number of adult clients, ages 18 and older, readmitted to State hospitals within 180 days.
Denominator (for both): Number of adult clients, ages 18 and older, admitted to State hospitals during the past year.

Source(s) of information: AVATAR

Special issues: DATA NOTES: This is the first year Nevada is reporting tables 20A and 20B. This is a result of the Client Level Reporting Pilot undertaken by MHDS Information Services staff.

Please also note that data calculation for the 30-day and 180-day readmission rates varies from the method described in the grant application guidelines and the Uniform Reporting System (URS) tables. Originally, calculation of these rates included readmissions in the numerator and

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discharges in the denominator, per CMHS guidelines. Based on this, the 180-day rate would have to be calculated through December 30, 2009, in order to capture clients who may have discharged the last day of the State fiscal year (June 30, 2009) and readmitted up to 180 days later. However, this is past the September 1 due date for the Block Grant application and past the December 1 due date for the implementation Report, and therefore cannot include a full 180-day calculation. In order to correct for this, readmissions are calculated for 30 days and 180 days prior to the State fiscal year. This means readmissions for the 180-day rate are captured from January 1, 2008 through June 30, 2008; and readmissions for the 30-day rate are captured from June 1, 2008 through June 30, 2008. Furthermore, staff have observed that discharges can occur for clients entering at any point in time, not just the prescribed 30-day and 180-day periods, which may skew the data. Therefore, admission rates are calculated based on readmissions in the numerator and admissions in the denominator, in order to more accurately measure readmissions against the total admissions for the year in the denominator.

Significance:	Reducing hospitalization for adults with SMI is a primary goal of MHDS and reflects an increased emphasis on community-based services.
Activities and strategies/ changes/ innovative or exemplary model:	MHDS achieved this goal primarily through the implementation of services described in Section III under criterion one of the 2009 application. In particular, MHDS focused on the reduction of hospitalization in spite of the high demand for services in the southern region of the state. As noted in criterion one, Nevada's number of inpatient beds relative to the population is well below the national average.
Target Achieved or Not Achieved/ If Not, Explain Why:	Target Achieved

Transformation Activities: ☒
Name of Implementation Report Indicator: Evidenced Based – Number of Practices
(Number)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2007 Actual	FY 2008 Actual	FY 2009 Target	FY 2009 Actual	2009 % Attained
Performance Indicator	2	2	2	2	100
Numerator	N/A	N/A	--	N/A	--
Denominator	N/A	N/A	--	N/A	--

Table Descriptors:

Goal:	2: Utilize evidence-based practices in the delivery of mental health services.
Target:	2.1: Maintain or increase the number of evidence-based practices provided by the State.

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Population: Adults with SMI

Criterion: 1: Comprehensive Community-Based Mental Health Service Systems
3: Children's Services

Indicator: Number of evidence-based practices provided to adults in accordance with CMHS's guidelines.

Measure: Number of evidence-based practices provided to adults, aged 18 and older, in accordance with CMHS's guidelines.

Source(s) of information: AVATAR

Special issues: None.

Significance: The provision of evidence-based practices services is a goal identified by the President's New Freedom Commission (Goal 5, Recommendation 5.2).

Activities and strategies/ changes/ innovative or exemplary model: MHDS achieved this goal by continuing to make the provision of evidenced based practices a priority. The MHDS strategic plan includes the development and implementation of evidence-based treatment as one of its primary goals. The implementation of evidence-based practices is also a goal of the Nevada Mental Health Plan Implementation Commission, based on the goals of the President's New Freedom Commission.

Target Achieved or Not Achieved/ If Not, Explain Why: **Target Achieved**

Transformation Activities: ☒

Name of Implementation Report Indicator: Evidenced Based – Adults with SMI Receiving Supported Housing (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2007 Actual	FY 2008 Actual	FY 2009 Target	FY 2009 Actual	2009 % Attained
Performance Indicator	8.07	7.15	7.59	9.88	130.17
Numerator	1,448	1,384	--	1,754	--
Denominator	17,950	19,347	--	17,755	--

Table Descriptors:

Goal: 2: Utilize evidence-based practices in the delivery of mental health services.

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Target: 2.2: Maintain or increase, within a 5% year-to-year variance, the number of adults receiving supported housing, an evidenced based practice.

Population: Adults with SMI

Criterion: 1: Comprehensive Community-Based Mental Health Service Systems
3: Children's Services

Indicator: Adults receiving supported housing, an evidence-based practice as defined by CMHS.

Measure: Number of adults, ages 18 and older, receiving supported housing, evidence-based practice, as defined by CMHS.

Source(s) of information: AVATAR

Special issues: None.

Significance: The provision of supported housing, an evidence-based practice, is a goal identified by the President's New Freedom Commission (Goal 5, Recommendation 5.2).

Activities and strategies/ changes/ innovative or exemplary model: MHDS achieved this goal primarily through the implementation of services described in Section III under criterion one of the 2009 application. In particular, the MHDS strategic plan includes the development and implementation of evidence-based treatment as one of its primary goals. The implementation of evidence-based practices is also a goal of the Nevada Mental Health Plan Implementation Commission, based on the goals of the President's New Freedom Commission. Nevada already implements two of the evidence-based practices identified by CMHS.

Target Achieved or Not Achieved/ If Not, Explain Why: **Target Achieved**

Transformation Activities: ☐ **Indicator Data Not Applicable:** ☒

Name of Implementation Report Indicator: Evidenced Based – Adults with SMI Receiving Supported Employment (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2007 Actual	FY 2008 Actual	FY 2009 Target	FY 2009 Actual	2009 % Attained
Performance Indicator	N/A	N/A	N/A	N/A	N/A
Numerator	N/A	N/A		N/A	
Denominator	N/A	N/A		N/A	

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Table Descriptors:

Goal: **This table is not applicable.**

Target:

Population:

Criterion: 1: Comprehensive Community-Based Mental Health Service Systems
3: Children's Services

Indicator:

Measure:

Source(s) of information:

Special issues: Nevada does not offer Supported Employment for adults with SMI.

Significance:

Activities and strategies/ changes/ innovative or exemplary model:

Target Achieved or Not Achieved/ If Not, Explain Why:

Transformation Activities: ☒

Name of Implementation Report Indicator: Evidenced Based – Adults with SMI Receiving Assertive Community Treatment (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2007 Actual	FY 2008 Actual	FY 2009 Target	FY 2009 Actual	2009 % Attained
Performance Indicator	1.31	1.19	1.10	1.33	120.91
Numerator	236	230	--	237	--
Denominator	17,950	19,347	--	17,755	--

Table Descriptors:

Goal: 2: Utilize evidence-based practices in the delivery of mental health services.

Target: 2.2: Maintain or increase, within a 5% year-to-year variance, the number of adults receiving assertive community treatment, an evidence-based practice.

Population: Adults with SMI

Criterion: 1: Comprehensive Community-Based Mental Health Service Systems
3: Children's Services

Indicator: Adults receiving assertive community treatment, an evidence-based practice as defined by CMHS.

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Measure: Number of adults, aged 18 and older, receiving assertive community treatment, an evidence-based practice as defined by CMHS.

Source(s) of information: AVATAR

Special issues: DATA NOTE: As MHDS continues to refine its data collection through the new AVATAR system, the elimination of duplicate client counts and data cleaning both continue to result in data fluctuations across years. Additionally, the number of consumers served through PACT Teams may be reduced by diversion to the regional Mental Health Courts.

Significance: The provision of evidence-based practice services is a goal identified by the President's New Freedom Commission (Goal 5, Recommendation 5.2).

Activities and strategies/ changes/ innovative or exemplary model: MHDS achieved this goal primarily through the implementation of services described in Section III under criterion one of the 2009 application. In particular, the MHDS strategic plan includes the development and implementation of evidence-based treatment as one of its primary goals. The implementation of evidence-based practices is also a goal of the Nevada Mental Health Plan Implementation Commission, based on the goals of the President's New Freedom Commission. Nevada already implements two of the evidence-based practices identified by CMHS.

Target Achieved or Not Achieved/ If Not, Explain Why: **Target Achieved**

Transformation Activities: ☐ Indicator Data Not Applicable: ☒

Name of Implementation Report Indicator: Evidenced Based – Adults with SMI Receiving Family Psycho-education (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2007 Actual	FY 2008 Actual	FY 2009 Target	FY 2009 Actual	2009 % Attained
Performance Indicator	N/A	N/A	N/A	N/A	N/A
Numerator	N/A	N/A		N/A	
Denominator	N/A	N/A		N/A	

Table Descriptors:

Goal: **This table is not applicable.**

Target:

Population:

Criterion: 1: Comprehensive Community-Based Mental Health Service Systems
3: Children's Services

Indicator:

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Measure:

Source(s) of
information:

Special issues: Nevada does not offer Family Psycho-education for adults with SMI.

Significance:

Activities and
strategies/
changes/innovative or
exemplary model:

Target Achieved or

Not Achieved/ If

Not, Explain Why:

Transformation Activities: ☐ Indicator Data Not Applicable: ☒

Name of Implementation Report Indicator: Evidenced Based – Adults with SMI Receiving
Integrated Treatment of Co-Occurring Disorders
(MISA) (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2007 Actual	FY 2008 Actual	FY 2009 Target	FY 2009 Actual	2009 % Attained
Performance Indicator	N/A	N/A	N/A	N/A	N/A
Numerator	N/A	N/A		N/A	
Denominator	N/A	N/A		N/A	

Table Descriptors:

Goal:

This table is not applicable.

Target:

Population:

Criterion:

1: Comprehensive Community-Based Mental Health Service Systems
3: Children's Services

Indicator:

Measure:

Source(s) of
information:Special issues: Nevada does not offer Integrated Treatment of Co-Occurring Disorders to
adults with SMI.

Significance:

Activities and
strategies/
changes/innovative or
exemplary model:

Target Achieved or

Not Achieved/ If

Not, Explain Why:

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Transformation Activities: ☐ Indicator Data Not Applicable: ☒

Name of Implementation Report Indicator: Evidenced Based – Adults with SMI Receiving Illness Self-Management (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2007 Actual	FY 2008 Actual	FY 2009 Target	FY 2009 Actual	2009 % Attained
Performance Indicator	N/A	N/A	N/A	N/A	N/A
Numerator	N/A	N/A		N/A	
Denominator	N/A	N/A		N/A	

Table Descriptors:Goal: **This table is not applicable.**

Target:

Population:

Criterion: 1: Comprehensive Community-Based Mental Health Service Systems
3: Children's Services

Indicator:

Measure:

Source(s) of information:

Special issues: Nevada does not offer Illness Self-Management to adults with SMI.

Significance:

Activities and

strategies/

changes/

innovative or

exemplary model:

Target Achieved or

Not Achieved/ If

Not, Explain Why:

Transformation Activities: ☐ Indicator Data Not Applicable: ☒

Name of Implementation Report Indicator: Evidenced Based – Adults with SMI Receiving Medication Management (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2007 Actual	FY 2008 Actual	FY 2009 Target	FY 2009 Actual	2009 % Attained
Performance Indicator	N/A	N/A	N/A	N/A	N/A
Numerator	N/A	N/A		N/A	
Denominator	N/A	N/A		N/A	

Table Descriptors:Goal: **This table is not applicable.**

Target:

Population:

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Criterion: 1: Comprehensive Community-Based Mental Health Service Systems
3: Children's Services

Indicator:

Measure:

Source(s) of
information:

Special issues: Nevada does not offer Medication Management to adults with SMI.

Significance:

Activities and
strategies/

changes/

innovative or

exemplary model:

Target Achieved or

Not Achieved/ If

Not, Explain Why:

Transformation Activities: ☒

Name of Implementation Report Indicator: Client Perception of Care (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2007 Actual	FY 2008 Actual	FY 2009 Target	FY 2009 Actual	2009 % Attained
Performance Indicator	60.96	57.69	60.00	61.36	102.27
Numerator	812	942	--	921	--
Denominator	1,332	1,633	--	1,501	--

Table Descriptors:

Goal: 1: Provide high quality mental health services that are accessible, available, and responsive to the needs of individuals, families, and communities, emphasizing community-based services.

Target: 1.2: Maintain or increase positive client perception of care, within a 5% year-to-year variance, demonstrated through the number of adults reporting positively about outcomes.

Population: All adults clients, regardless of SMI status

Criterion: 1: Comprehensive Community-Based Mental Health Service Systems
3: Children's Services

Indicator: Percent of adult consumers reporting positively about outcomes.

Measure: Numerator: Number of positive responses reported in the outcome domain on the adult consumer survey.
Denominator: Total number of responses in the outcome domain on the adult consumer survey.

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Source(s) of information: Compilation of statewide survey data.

Special issues: None.

Significance: Client feedback regarding satisfaction with care is a major component of program evaluation and quality assurance efforts.

Activities and strategies/ changes/ innovative or exemplary model: MHDS achieved this goal primarily through the implementation of services described in Section III under criterion one of the 2009 Application. In particular, the MHDS strategic plan includes consumer satisfaction with services as one of its core values. The adult consumer survey is now completed as part of program evaluation and quality assurance efforts.

Target Achieved or Not Achieved/ If Not, Explain Why: **Target Achieved**

Transformation Activities: ☐

Name of Implementation Report Indicator: Adult – Increased/Retained Employment (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2007 Actual	FY 2008 Actual	FY 2009 Target	FY 2009 Actual	2009 % Attained
Performance Indicator	22.07	21.31	N/A	19.06	
Numerator	3,464	4,027		4,069	
Denominator	15,697	18,900		21,353	

Table Descriptors:

Goal: 3. Provide adults with a continuum of services that are tailored to their individual needs.

Target: This performance indicator was not reported in previous Implementation Reports or Block Grant Applications due to an oversight. Therefore, a target for FY 2009 was not established. Actual data from FY 2007, 2008 and 2009 was obtained from the URS tables for those years and is provided now.

Population: All adult clients, regardless of SMI status

Criterion: 1: Comprehensive Community-Based Mental Health Service Systems

Indicator: Percentage of adult clients competitively employed full or part-time compared to all adult clients excluding persons whose employment status was "Not Available".

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Measure:	Numerator: Number of adult clients competitively employed full or part-time. Denominator: Number of adults competitively employed full or part-time (includes Supported Employment) plus number of persons unemployed plus number of persons not in the labor force (includes retired, sheltered employment, sheltered workshops and other) excluding persons whose employment status was "Not Available".
Source(s) of information:	AVATAR
Special issues:	This performance indicator was not reported in previous Implementation Reports or Block Grant Applications due to an oversight. Therefore, a target for FY 2009 was not established.
Significance:	Increased/Retained employment is an important outcome measure related to the provision of a continuum of care.
Activities and strategies/ changes/ innovative or exemplary model:	Given the significant reductions in available resources (both staffing and funding) and the severe economic downturn in the State, the percentage of adult clients competitively employed was lower in 2009 than in previous years and will almost certainly be lower in the foreseeable future.
Target Achieved or Not Achieved/ If Not, Explain Why:	As explained above, a FY 2009 target for this performance indicator was not established.

Transformation Activities: ☐

Name of Implementation Report Indicator: Adult – Decreased Criminal Justice Involvement (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2007 Actual	FY 2008 Actual	FY 2009 Target	FY 2009 Actual	2009 % Attained
Performance Indicator	N/A	77.37	N/A	56.10	
Numerator	N/A	106		69	
Denominator	N/A	137		123	

Table Descriptors:

Goal: 3. Provide adults with a continuum of services that are tailored to their individual needs.

Target: This performance indicator was not reported in previous Implementation Reports or Block Grant Applications due to an oversight. Therefore, a

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target for FY 2009 was not established. Actual data from the FY 2008 and 2009 URS tables is provided now.

Population:	All adult clients, regardless of SMI status
Criterion:	1: Comprehensive Community-Based Mental Health Service Systems
Indicator:	Percent of adult consumers arrested in year 1 who were not re-arrested in year 2.
Measure:	Numerator: Number of adult consumers arrested in T1 who were not re-arrested in T2 (new and continuing clients combined). Denominator: Number of adult consumers arrested in T1 (new and continuing clients combined).
Source(s) of information:	AVATAR
Special issues:	This performance indicator was not previously reported due to an oversight so a target for FY 2009 was not established. Actual data from the FY 2008 and 2009 URS tables is provided now.
Significance:	Decreased criminal justice involvement is an important outcome measure related to the provision of a continuum of care.
Activities and strategies/ changes/ innovative or exemplary model:	Given the significant reductions in available resources (both staffing and funding) and the severe economic downturn in the State, the percentage of adult clients with criminal justice involvement is not likely to decrease in future years.
Target Achieved or Not Achieved/ If Not, Explain Why:	As explained above, a FY 2009 target for this performance indicator was not established.

Transformation Activities: ☐

Name of Implementation Report Indicator: Adult – Increased Stability in Housing
(Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2007 Actual	FY 2008 Actual	FY 2009 Target	FY 2009 Actual	2009 % Attained
Performance Indicator	10.82	9.69	N/A	9.50	
Numerator	716	591		2,040	
Denominator	6,619	6,097		21,468	

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Table Descriptors:

Goal:	3. Provide adults with a continuum of services that are tailored to their individual needs.
Target:	This performance indicator was not reported in previous Implementation Reports or Block Grant Applications due to an oversight. Therefore, a target for FY 2009 was not established. Actual data from FY 2007, 2008 and 2009 was obtained from the URS tables for those years and is provided now.
Population:	All adult clients, regardless of SMI status
Criterion:	1: Comprehensive Community-Based Mental Health Service Systems
Indicator:	Percent of adult clients who are homeless or living in shelters.
Measure:	Numerator: Number of adult clients who are homeless or living in shelters. Denominator: All adult clients with living situation excluding persons with living situation "Not Available".
Source(s) of information:	AVATAR
Special issues:	<p>This performance indicator was not reported in previous Implementation Reports or Block Grant Applications due to an oversight. Therefore, a target for FY 2009 was not established. Actual data from FY 2007, 2008 and 2009 was obtained from the URS tables for those years and is provided now.</p> <p>Also, the number of persons with living situation "Not Available" decreased dramatically compared to previous years however the percentage of clients who are homeless or living in shelters remained relatively stable.</p>
Significance:	The percentage of clients who are homeless or living in shelters is an important outcome measure related to the provision of a continuum of care.
Activities and strategies/ changes/ innovative or exemplary model:	Given the significant reductions in available resources (both staffing and funding) and the severe economic downturn in the State, the percentage of adult clients who are was homeless or living in shelters will almost certainly be higher in the foreseeable future.
Target Achieved or Not Achieved/ If Not, Explain Why:	As explained above, a FY 2009 target for this performance indicator was not established.

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Transformation Activities: ☐**Name of Implementation Report Indicator:** Adult – Increased Social Supports/Social Connectedness (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2007 Actual	FY 2008 Actual	FY 2009 Target	FY 2009 Actual	2009 % Attained
Performance Indicator	61.43	58.83	N/A	67.27	
Numerator	806	956		1,003	
Denominator	1,312	1,625		1,491	

Table Descriptors:

Goal:	1. Provide high quality mental health services that are accessible, available and responsive to the needs of individuals, families and communities, emphasizing community-based services.
Target:	This performance indicator was not reported in previous Implementation Reports or Block Grant Applications due to an oversight. Therefore, a target for FY 2009 was not established. Actual data from FY 2007, 2008 and 2009 was obtained from the URS tables for those years and is provided now.
Population:	All adult clients, regardless of SMI status
Criterion:	1:Comprehensive Community-Based Mental Health Service Systems 3:Children's Services
Indicator:	Percent of adult consumers reporting positively about social connectedness.
Measure:	Numerator: Number of adult consumers reporting positively about social connectedness. Denominator: Total number of adult consumer responses regarding social connectedness.
Source(s) of information:	AVATAR
Special issues:	None
Significance:	Client feedback regarding social connectedness is a major component of program evaluation and quality assurance efforts.
Activities and strategies/ changes/ innovative or exemplary model:	The results of the 2009 surveys exceeded the previous year's results primarily through the implementation of services described in Section III under criterion one of the 2009 Application. In particular, the MHDS strategic plan includes increased social supports, social connectedness and improved level of functioning as one of its core values. The adult consumer

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survey is now completed as part of program evaluation and quality assurance efforts.

Target Achieved or Not Achieved/ If Not, Explain Why: As explained above, a FY 2009 target for this performance indicator was not established.

Transformation Activities: ☐
Name of Implementation Report Indicator: Adult – Increased Level of Functioning
(Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2007 Actual	FY 2008 Actual	FY 2009 Target	FY 2009 Actual	2009 % Attained
Performance Indicator	63.24	60.57	N/A	68.67	
Numerator	836	986		1,026	
Denominator	1,322	1,628		1,494	

Table Descriptors:

Goal: 1. Provide high quality mental health services that are accessible, available and responsive to the needs of individuals, families and communities, emphasizing community-based services.

Target: This performance indicator was not reported in previous Implementation Reports or Block Grant Applications due to an oversight. Therefore, a target for FY 2009 was not established. Actual data from FY 2007, 2008 and 2009 was obtained from the URS tables for those years and is provided now.

Population: All adult clients, regardless of SMI status

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services
4:Targeted Services to Rural and Homeless Populations

Indicator: Percent of adult consumers reporting positively about functioning.

Measure: Numerator: Number of adult consumers reporting positively about functioning.
Denominator: Total number of adult consumer responses regarding functioning.

Source(s) of information: AVATAR

Special issues: None

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Significance: Client feedback regarding improved level of functioning is a major component of program evaluation and quality assurance efforts.

Activities and strategies/ changes/ innovative or exemplary model: The results of the 2009 surveys exceeded the previous year's results primarily through the implementation of services described in Section III under criterion one of the 2009 Application. In particular, the MHDS strategic plan includes increased social supports, social connectedness and improved level of functioning as one of its core values. The adult consumer survey is now completed as part of program evaluation and quality assurance efforts.

Target Achieved or Not Achieved/ If Not, Explain Why: As explained above, a FY 2009 target for this performance indicator was not established.

STATE PERFORMANCE INDICATORS

Transformation Activities: ☐

Name of Implementation Report Indicator: 3.1: Adults receiving service coordination

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2007 Actual	FY 2008 Actual	FY 2009 Target	FY 2009 Actual	2009 % Attained
Performance Indicator	2,882	2,769	2,797	2,481	88.70
Numerator	N/A	N/A	--	N/A	--
Denominator	N/A	N/A	--	N/A	--

Table Descriptors:

Goal: Goal 3: Provide adults with a continuum of services that are tailored to their individual needs.

Target: 3.1: Provide service coordination, within a 5% year-to-year variance, to adult clients receiving mental health services.

Population: All adult clients, regardless of SMI status

Criterion: 1: Comprehensive Community-Based Mental Health Service Systems

Indicator: Adults receiving service coordination.

Measure: Number of adults, ages 18 and older, receiving service coordination as part of mental health services.

Source(s) of information: AVATAR

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Special issues:	DATA NOTE: This data includes an unduplicated count of clients only receiving service coordination and does not include those concurrently receiving other services. As MHDS continues to refine its data collection through the AVATAR system, the elimination of duplicate client counts and data cleaning both continue to result in data fluctuations across years. Additionally, the significant reductions in resources (staffing and funding) due to the severe economic downturn in Nevada resulted in significant staff reductions and vacancies in service coordination positions.
Significance:	Service coordination (case management) is a primary community-based service that provides clients with a continuum of care.
Activities and strategies/ changes/ innovative or exemplary model:	Due to significant reductions in available resources (both staffing and funding) resulting from the severe economic downturn in the State, the number of adults receiving service coordination (case management) services was lower in 2009 than in previous years and will almost certainly be lower in the foreseeable future. MHDS attempted to limit the decrease in the number of adults receiving service coordination by emphasizing community-based services, implementing evidence-based practices and consumer involvement in service planning and delivery.
Target Achieved or Not Achieved/ If Not, Explain Why:	Not Achieved. As mentioned above, significant reductions in resources (staffing and funding) due to the severe economic downturn in Nevada resulted in staff reductions and vacancies in service coordination positions which compromised the Division's ability to meet the target.

Transformation Activities: ☐

Name of Implementation Report Indicator: 5.1: Adults receiving outpatient counseling

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2007 Actual	FY 2008 Actual	FY 2009 Target	FY 2009 Actual	2009 % Attained
Performance Indicator	8,972	7,579	7,655	7,212	94.12
Numerator	N/A	N/A	--	N/A	--
Denominator	N/A	N/A	--	N/A	--

Table Descriptors:

Goal:	Goal 5: Ensure that the service system promotes community-based services.
Target:	5.1: Provide outpatient counseling, within a 5% year-to-year variance, to adults statewide.
Population:	All adult clients, regardless of SMI status
Criterion:	2:Mental Health System Data Epidemiology
Indicator:	Adults receiving outpatient counseling

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Measure:	Number of adults, ages 18 and older, receiving outpatient counseling.
Source(s) of information:	AVATAR
Special issues:	DATA NOTE: This data includes an unduplicated count of clients only receiving outpatient counseling and does not include those concurrently receiving other services. As MHDS continues to refine its data collection through the AVATAR system, the elimination of duplicate client counts and data cleaning both continue to result in data fluctuations across years. Additionally, the significant reductions in resources (staffing and funding) due to the severe economic downturn in Nevada resulted in significant staff reductions and vacancies in outpatient counseling positions.
Significance:	Providing community-based services is a primary goal of the block grant program.
Activities and strategies/ changes/ innovative or exemplary model:	Due to significant reductions in available resources (both staffing and funding) resulting from the severe economic downturn in the State, the number of adults receiving outpatient counseling was lower in 2009 than in previous years and will almost certainly be lower in the foreseeable future. MHDS attempted to limit the decrease in the number of adults receiving outpatient counseling by emphasizing community-based services, implementing evidence-based practices and consumer involvement in service planning and delivery.
Target Achieved or Not Achieved/ If Not, Explain Why:	Not Achieved. As mentioned above, significant reductions in resources (staffing and funding) due to the severe economic downturn in Nevada resulted in staff reductions and vacancies in outpatient counseling positions which compromised the Division's ability to meet the target.

Transformation Activities: ☐**Name of Implementation Report Indicator:** 5.2: Adults receiving medication treatment

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2007 Actual	FY 2008 Actual	FY 2009 Target	FY 2009 Actual	2009 % Attained
Performance Indicator	14,930	18,211	18,394	19,497	106.00
Numerator	N/A	N/A	--	N/A	--
Denominator	N/A	N/A	--	N/A	--

Table Descriptors:

Goal:	Goal 5: Ensure that the service system promotes community-based services.
Target:	5.2: Provide medication treatment, within a 5% year-to-year variance, to adults statewide.

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Population: All adult clients, regardless of SMI status

Criterion: 2:Mental Health System Data Epidemiology

Indicator: Adults receiving medication treatment.

Measure: Number of adults, ages 18 and older, receiving medication treatment.

Source(s) of information: AVATAR

Special issues: DATA NOTE: As MHDS continues to refine its data collection through the new AVATAR system, the elimination of duplicate client counts and data cleaning both continue to result in data fluctuations across years.

Significance: Providing community-based services is a primary goal of the block grant program.

Activities and strategies/ changes/ innovative or exemplary model: MHDS achieved this goal through a decrease in the cost per person served through improved caseload management, improved use of free medications and increasingly successful efforts at deflecting clients with Medicaid and Medicare Part D benefits to private pharmacies.

Target Achieved or Not Achieved/ If Not, Explain Why: **Target Achieved.**

Transformation Activities: ☐

Name of Implementation Report Indicator: 6.1: Adults in rural areas receiving mental health services

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2007 Actual	FY 2008 Actual	FY 2009 Target	FY 2009 Actual	2009 % Attained
Performance Indicator	5,349	5,234	5,283	4,753	89.97
Numerator	N/A	N/A	--	N/A	--
Denominator	N/A	N/A	--	N/A	--

Table Descriptors:

Goal: Goal 6: Improve the delivery of mental health services to rural and homeless populations.

Target: 6.1: Maintain or increase, within a 5% year-to-year variance, the number of adults in rural areas who receive mental health services from community clinics.

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Population:	All adult clients, regardless of SMI status
Criterion:	4:Targeted Services to Rural and Homeless Populations
Indicator:	Adults receiving mental health services in rural areas.
Measure:	Number of adults, ages 18 and older, receiving services from Rural Clinics.
Source(s) of information:	AVATAR
Special issues:	The significant reductions in resources (staffing and funding) due to the severe economic downturn in Nevada resulted in significant staff reductions and vacancies in Rural Clinic positions.
Significance:	Nevada continues to demonstrate a population density of approximately 25 people per square mile, one of the lowest population densities among the 50 states. Because of this, services to Nevada citizens who live in rural regions remain a critical and unique aspect of planning for Nevada's mental health system.
Activities and strategies/ changes/ innovative or exemplary model:	Due to significant reductions in available resources (both staffing and funding) resulting from the severe economic downturn in the State, the number of adults receiving services in rural areas was lower in 2009 than in previous years and will almost certainly be lower in the foreseeable future. MHDS attempted to limit the decrease in the number of adults receiving services in rural areas by emphasizing community-based services, implementing evidence-based practices and consumer involvement in service planning and delivery.
Target Achieved or Not Achieved/ If Not, Explain Why:	Not Achieved. As mentioned above, significant reductions in resources (staffing and funding) due to the severe economic downturn in Nevada resulted in staff reductions and vacancies in Rural Clinic positions which compromised the Division's ability to meet the target.

Transformation Activities: ☐

Name of Implementation Report Indicator: 6.2: Adults who are homeless receiving housing and supportive services

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2007 Actual	FY 2008 Actual	FY 2009 Target	FY 2009 Actual	2009 % Attained
Performance Indicator	1,434	1,520	1,535	1,385	90.23
Numerator	N/A	N/A	--	N/A	--
Denominator	N/A	N/A	--	N/A	--

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Table Descriptors:

Goal:	Goal 6: Improve the delivery of mental health services to rural and homeless populations.
Target:	6.2: Maintain or increase, within a 5% year-to-year variance, the number of adults who are homeless receiving housing and supportive services.
Population:	All adult clients, regardless of SMI status
Criterion:	4: Targeted Services to Rural and Homeless Populations
Indicator:	Adults who are homeless receiving housing and supportive services statewide.
Measure:	Number of adults, ages 18 and older, who are homeless and receiving MHDS residential services statewide.
Source(s) of information:	AVATAR
Special issues:	
Significance:	Outreach to homeless populations is an identified area of need for mental health service provision.
Activities and strategies/ changes/ innovative or exemplary model:	Due to significant reductions in available resources (both staffing and funding) resulting from the severe economic downturn in the State, the number of adults who are homeless receiving housing and supportive services was lower in 2009 than in previous years and will almost certainly be lower in the foreseeable future. MHDS attempted to limit the decrease in the number of homeless adults receiving housing and supportive services by emphasizing community-based services, implementing evidence-based practices and consumer involvement in service planning and delivery.
Target Achieved or Not Achieved/ If Not, Explain Why:	Not Achieved. As mentioned above, significant reductions in resources (staffing and funding) due to the severe economic downturn in Nevada resulted in staff reductions and vacancies in various positions which compromised the Division's ability to meet the target.

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Transformation Activities: ☐

Name of Implementation Report Indicator: 7.1: Funding committed to community-based services

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2007 Actual	FY 2008 Actual	FY 2009 Target	FY 2009 Actual	2009 % Attained
Performance Indicator	84.94	84.07	89.17	96.33	108.30
Numerator	130,618,232	147,146,785	--	174,442,441	--
Denominator	153,783,501	175,029,592	--	181,085,926	--

Table Descriptors:

Goal:	Goal 7: Commit funding and resources that are focused on community-based services for adults.
Target:	7.1: Maintain or increase, within a 5% year-to-year variance, funding committed to community-based services.
Population:	All adult clients, regardless of SMI status
Criterion:	5:Management Systems
Indicator:	MHDS budget for community-based programs compared with total MHDS budget for mental health services, expressed as a percentage.
Measure:	Numerator: Total amount budgeted for programs that are community-based, which exclude inpatient and forensic programs. This is matched to the Maintenance of Effort (MOE) for adult services. Denominator: Legislature-approved budget for all mental health services.
Source(s) of information:	Fiscal data is obtained using an internal agency analysis of State budget reports. The analysis is completed by fiscal staff and is based on information provided in Budget Status Reports, which identify appropriations and expenditures for all programs.
Special issues:	Actual data from SFY 2007 and 2008 for the 2008 Implementation Report was updated for the 2009 Implementation Report based on the most current information available from the MHDS fiscal staff.
Significance:	Expenditures for community-based services are a primary requirement of the CMHS Block Grant.
Activities and strategies/ changes/ innovative or exemplary model:	MHDS achieved this goal primarily through the implementation of services described in Section III under criterion one of the 2009 application. As mentioned throughout the application, Nevada's statewide general fund revenue shortfall will make it difficult to continue services in the coming biennium at the level of the previous biennium.

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Target Achieved or **Target Achieved.**
 Not Achieved/ If
 Not, Explain Why:

Transformation Activities: ☐**Name of Implementation Report Indicator:** 7.2: Mental health expenditures per person served

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2007 Actual	FY 2008 Actual	FY 2009 Target	FY 2009 Actual	2009 % Attained
Performance Indicator	6,319	6,863	6,058	6,510	107.46
Numerator	153,783,501	175,029,592	--	181,085,926	--
Denominator	24,338	25,502	--	27,817	--

Table Descriptors:

Goal: Goal 7: Commit funding and resources that are focused on community-based services for adults.

Target: 7.2: Maintain or increase, within a 5% year-to-year variance, the amount expended per person served.

Population: All adult clients, regardless of SMI status

Criterion: 5:Management Systems

Indicator: MHDS budget for mental health services compared with total number of adults served, expressed as an average.

Measure: Numerator: Legislature-approved budget for all mental health services.
 Denominator: Total adults receiving mental health services through MHDS.

Source(s) of information: Fiscal data is obtained using an internal agency analysis of State budget reports. Data regarding clients served is obtained from AVATAR.

Special issues: Data from SFY 2007 and 2008 for the 2008 Implementation Report was updated for the 2009 Implementation Report based on the most current information available from the MHDS fiscal staff and to be consistent with the number of adults served as reported in goal 4.1.

Significance: Expenditures for community-based services are a primary requirement of the CMHS Block Grant.

Activities and strategies/ changes/ innovative or exemplary model: MHDS achieved this goal primarily through the implementation of services described in Section III under criterion one of the 2009 application. As mentioned throughout the application, Nevada's statewide general fund revenue shortfall will make it difficult to continue services in the coming biennium at the level of the previous biennium.

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Target Achieved or **Target Achieved.**
 Not Achieved/ If
 Not, Explain Why:

Transformation Activities: ☐**Name of Implementation Report Indicator:** 7.3: Mental health expenditures per capita

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2007 Actual	FY 2008 Actual	FY 2009 Target	FY 2009 Actual	2009 % Attained
Performance Indicator	56.57	63.91	61.00	65.38	107.18
Numerator	153,783,501	175,029,592	--	181,085,926	--
Denominator	2,718,337	2,738,733	--	2,769,665	--

Table Descriptors:

Goal: Goal 7: Commit funding and resources that are focused on community-based services for adults.

Target: 7.3: Maintain or increase, within a 5% year-to-year variance, the mental health expenditure per capita.

Population: All adult clients, regardless of SMI status

Criterion: 5:Management Systems

Indicator: MHDS budget for mental health services compared with estimated state population, expressed as an average.

Measure: Numerator: Legislature-approved budget for all mental health services.
 Denominator: Total estimated Nevada population for the calendar year.

Source(s) of information: Fiscal data is obtained using an internal agency analysis of State budget reports. Population data is provided by the Nevada State Demographer.

Special issues: Data from SFY 2007 and 2008 for the 2008 Implementation Report was updated for the 2009 Implementation Report based on the most current information available from the MHDS fiscal staff and the State Demographer.

Significance: Expenditures for community-based services are a primary requirement of the CMHS Block Grant.

Activities and strategies/ changes/ innovative or MHDS achieved this goal primarily through the implementation of services described in Section III under criterion one of the 2009 application. As mentioned throughout the application, Nevada's statewide general fund revenue shortfall will make it difficult to continue services in the coming

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exemplary model: biennium at the level of the previous biennium.

Target Achieved or Not Achieved/ If Not, Explain Why: **Target Achieved.**

Child

Transformation Activities: ☐

Name of Implementation Report Indicator: Increased Access to Services (Number)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2007 Actual	FY 2008 Actual	FY 2009 Target	FY 2009 Actual	2009 % Attained
Performance Indicator	4,188	4,082	4,542	4,190	92.25
Numerator	N/A	N/A	--	N/A	--
Denominator	N/A	N/A	--	N/A	--

Table Descriptors:

Goal: Goal 4: Ensure that the service system meets the needs of children in the public sector with mental illness.

Target: 4.1: Maintain or increase, within a 5% year-to-year variance, the number of children receiving mental health services through DCFS and MHDS Rural Clinics, demonstrated through number of children served within the State system of care.

Population: All child and adolescent clients, regardless of SED status

Criterion: 2: Mental Health System Data Epidemiology
3: Children's Services

Indicator: Number of children served within the State system of care.

Measure: Number of children, ages 0 – 17, served within the State system of care.

Note: This does not include admission to the State forensic facility.

Source(s) of information: AVATAR

Special issues: None.

Significance: Providing services to children and adolescents with mental illness is the one of the primary goals of the child and family services system.

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Activities and strategies/ changes/ innovative or exemplary model: DCFS and MHDS Rural Clinics attempted to achieve this goal primarily through the implementation of services described in Section III under criteria one and three of the 2009 application. However, due to significant reductions in available resources (both staffing and funding) resulting from the severe economic downturn in the State, the number of children served was lower in 2009 than in previous years and will almost certainly be lower in the foreseeable future. The State agencies attempted to limit the decrease in the number of children receiving services by emphasizing community-based services and through the coordinated work of the Statewide Children's Behavioral Health Consortium and the regional Mental Health Consortia which are working on specific transformation efforts surrounding the provision of children's mental health services.

Target Achieved or Not Achieved/ If Not, Explain Why: **Not Achieved.** As mentioned above, significant reductions in resources (staffing and funding) due to the severe economic downturn in Nevada resulted in staff reductions and vacancies in various positions which compromised the State's ability to meet the target.

Transformation Activities: ☐

Name of Implementation Report Indicator: Reduced Utilization of Psychiatric Inpatient Beds – 30 Days (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2007 Actual	FY 2008 Actual	FY 2009 Target	FY 2009 Actual	2009 % Attained
Performance Indicator	1.68	1.38	1.69	1.69	100.00
Numerator	5	4	--	5	--
Denominator	298	289	--	295	--

Table Descriptors:

Goal: Goal 1: Provide children with high quality mental health services and resources, emphasizing community-based services.

Target: 1.1: Maintain or decrease, within a 5% year-to-year variance, the utilization of psychiatric inpatient beds, demonstrated through the decreased rate of readmission to State psychiatric hospitals within 30 days and 180 days.

Population: Children with SED

Criterion: 1: Comprehensive Community-Based Mental Health Service Systems
3: Children's Services

Indicator: Number of children readmitted to State hospitals within 30 days and within 180 days as compared with the number of children admitted to State hospitals during the past year, expressed separately as two different percentages.

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Measure:	<p>Numerator 1: Number of children with SED, ages 0 – 17, readmitted to State hospitals within 30 days.</p> <p>Numerator 2: Number of children with SED, ages 0 – 17, readmitted to State hospitals within 180 days.</p> <p>Denominator (for both): Number children with SED, ages 0 – 17, admitted to State hospitals during the past year.</p>
Source(s) of information:	AVATAR
Special issues:	<p>DATA NOTES: Similar to MHDS, the data calculation for the 30-day and 180-day readmission rates varies from the method described in the grant application guidelines and Uniform Reporting System (URS) tables. Originally, calculation of these rates included readmissions in the numerator and discharges in the denominator, per CMHS guidelines. Based on this, the 180-day rate would have to be calculated through December 30, 2009, in order to capture clients who may have discharged the last day of the State fiscal year (June 30, 2009) and readmitted up to 180 days later. However, this is past the September 1 due date for the Block Grant application and the December 1 due date for the Implementation Report and therefore cannot include a full 180-day calculation. In order to correct for this, readmissions are calculated for 30 days and 180 days prior to the State fiscal year. This means readmissions for the 180-day rate are captured from January 1, 2008, through June 30, 2008; and readmissions for the 30-day rate are captured from June 1, 2008, through June 30, 2008.</p> <p>Furthermore, staff have observed that discharges can occur for clients entering at any point in time, not just the prescribed 30-day and 180-day periods, which may skew the data. Therefore, admission rates are calculated based on readmissions in the numerator and admissions in the denominator, in order to more accurately measure readmissions against the total admissions for the year in the denominator.</p>
Significance:	Reducing hospitalization for children with SED is a primary goal of DCFS and reflects an increased emphasis on community-based services.
Activities and strategies/ changes/ innovative or exemplary model:	<p>DCFS achieved this goal primarily through the implementation of services described in Section III under criteria one and three. In particular, DCFS remains focused on the reduction of hospitalization through the expanded use of Medicaid funds for community-based residential alternatives, intake and assessment that focuses on appropriate levels of care for children with SED, wraparound services through the WIN program, and coordinated mental health service provision in conjunction with juvenile justice facilities.</p> <p>DCFS and MHDS Rural Clinics attempted to achieve this goal primarily through the implementation of services described in Section III under</p>

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criteria one and three of the 2009 application. However, due to significant reductions in available resources (both staffing and funding) resulting from the severe economic downturn in the State, the number of children served was lower in 2009 than in previous years and will almost certainly be lower in the foreseeable future. The State agencies attempted to limit the decrease in the number of children receiving services by emphasizing community-based services and through the coordinated work of the Statewide Children's Behavioral Health Consortium and the regional Mental Health Consortia which are working on specific transformation efforts surrounding the provision of children's mental health services.

Target Achieved or
Not Achieved/ If
Not, Explain Why:

Transformation Activities: ☐

Name of Implementation Report Indicator: Reduced Utilization of Psychiatric Inpatient Beds
– 180 Days (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2007 Actual	FY 2008 Actual	FY 2009 Target	FY 2009 Actual	2009 % Attained
Performance Indicator	4.24	4.21	3.98	3.94	101.02
Numerator	17	71	--	16	--
Denominator	401	404	--	406	--

Table Descriptors:

Goal: Goal 1: Provide children with high quality mental health services and resources, emphasizing community-based service

Target: 1.1: Maintain or decrease, within a 5% year-to-year variance, the utilization of psychiatric inpatient beds, demonstrated through the decreased rate of readmission to State psychiatric hospitals within 30 days and 180 days.

Population: Children with SED

Criterion: 1: Comprehensive Community-Based Mental Health Service Systems
3: Children's Services

Indicator: Number of children readmitted to State hospitals within 30 days and within 180 days as compared with the number of children admitted to State hospitals during the past year, expressed separately as two different percentages.

Measure: Numerator 1: Number of children with SED, ages 0 – 17, readmitted to State hospitals within 30 days.
Numerator 2: Number of children with SED, ages 0 – 17, readmitted to

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State hospitals within 180 days.

Denominator (for both): Number children with SED, ages 0 – 17, admitted to State hospitals during the past year.

Source(s) of information: AVATAR

Special issues: DATA NOTES: Similar to MHDS, the data calculation for the 30-day and 180-day readmission rates varies from the method described in the grant application guidelines and Uniform Reporting System (URS) tables. Originally, calculation of these rates included readmissions in the numerator and discharges in the denominator, per CMHS guidelines. Based on this, the 180-day rate would have to be calculated through December 30, 2009, in order to capture clients who may have discharged the last day of the State fiscal year (June 30, 2009) and readmitted up to 180 days later. However, this is past the September 1 due date for the Block Grant application and the December 1 due date for the Implementation Report and therefore cannot include a full 180-day calculation. In order to correct for this, readmissions are calculated for 30 days and 180 days prior to the State fiscal year. This means readmissions for the 180-day rate are captured from January 1, 2008, through June 30, 2008; and readmissions for the 30-day rate are captured from June 1, 2008, through June 30, 2008.

Furthermore, staff have observed that discharges can occur for clients entering at any point in time, not just the prescribed 30-day and 180-day periods, which may skew the data. Therefore, admission rates are calculated based on readmissions in the numerator and admissions in the denominator, in order to more accurately measure readmissions against the total admissions for the year in the denominator.

Significance: Reducing hospitalization for children with SED is a primary goal of DCFS and reflects an increased emphasis on community-based services.

Activities and strategies/ changes/ innovative or exemplary model: DCFS achieved this goal primarily through the implementation of services described in Section III under criteria one and three. In particular, DCFS remains focused on the reduction of hospitalization through the expanded use of Medicaid funds for community-based residential alternatives, intake and assessment that focuses on appropriate levels of care for children with SED, wraparound services through the WIN program, and coordinated mental health service provision in conjunction with juvenile justice facilities.

Target Achieved or Not Achieved/ If Not, Explain Why: **Target Achieved**

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Transformation Activities: ☐ Indicator Data Not Applicable: ☒**Name of Implementation Report Indicator:** Evidenced Based – Number of Practices
(Number)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2007 Actual	FY 2008 Actual	FY 2009 Target	FY 2009 Actual	2009 % Attained
Performance Indicator	N/A	N/A	N/A	N/A	N/A
Numerator	N/A	N/A	--	N/A	--
Denominator	N/A	N/A	--	N/A	--

Table Descriptors:

Goal: Goal 2: Utilize evidence-based practices in the delivery of mental health services.

Target: 2.1: Maintain or increase the number of evidence-based practices provided by the State.

Population: Children with SED

Criterion: 1: Comprehensive Community-Based Mental Health Service Systems
3: Children's Services

Indicator: Number of evidence-based practices provided to children based on three practices defined by CMHS for children.

Measure: Number of evidence-based practices provided to children with SED, ages 0 – 17, based on three practices defined by CMHS for children.

Source(s) of information: UNITY

Special issues: DCFS is no longer contracting with foster care providers for therapeutic foster care. As a result of the Medicaid Behavioral Health Redesign, therapeutic foster care contracts are no longer handled by DCFS. Therapeutic foster care providers now enroll and enter into provider agreements directly with Nevada Medicaid. DCFS is pursuing its commitment toward implementation of evidence based practice services. DCFS has completed statewide training of its therapists in T-F CBT and is moving toward full adoption of this SAMHSA National Registry evidence-based model program. Wraparound services (an OJJDP "promising" treatment model) are operational statewide in Nevada. DCFS was able to serve 799 children last year through its Wraparound In Nevada program.

Significance: The provision of evidence-based practice services is a goal identified by the President's New Freedom Commission (Goal 5, Recommendation 5.2).

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Activities and
strategies/
changes/
innovative or
exemplary model:

Target Achieved or **Not Applicable**
Not Achieved/ If
Not, Explain Why:

Transformation Activities: ☐ **Indicator Data Not Applicable:** ☒

Name of Implementation Report Indicator: Evidenced Based – Children with SED Receiving
Therapeutic Foster Care (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2007 Actual	FY 2008 Actual	FY 2009 Target	FY 2009 Actual	2009 % Attained
Performance Indicator	N/A	N/A	N/A	N/A	N/A
Numerator	N/A	N/A	--	N/A	--
Denominator	N/A	N/A	--	N/A	--

Table Descriptors:

Goal: 2: Utilize evidence-based practices in the delivery of mental health services.

Target: 2.2: Maintain or increase, within a 5% year-to-year variance, the number of children with SED receiving Therapeutic Foster Care, an evidence-based practice.

Population: Children with SED

Criterion: 1: Comprehensive Community-Based Mental Health Service Systems
3: Children's Services

Indicator: Number of children receiving therapeutic foster care, an evidence-based practice defined by CMHS for children.

Measure: Number of children with SED, ages 0 – 17, receiving therapeutic foster care.

Source(s) of information: UNITY

Special issues: DCFS is no longer contracting with foster care providers for therapeutic foster care. As a result of the Medicaid Behavioral Health Redesign, therapeutic foster care contracts are no longer handled by DCFS. Therapeutic foster care providers now enroll and enter into provider

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agreements directly with Nevada Medicaid. DCFS is pursuing its commitment toward implementation of evidence based practice services. DCFS has completed statewide training of its therapists in T-F CBT and is moving toward full adoption of this SAMHSA National Registry evidence-based model program. Wraparound services (an OJJDP “promising” treatment model) are operational statewide in Nevada. DCFS was able to serve 799 children last year through its Wraparound In Nevada program.

Significance: The provision of evidence-based practice services is a goal identified by the President's New Freedom Commission (Goal 5, Recommendation 5.2).

Activities and strategies/
changes/
innovative or
exemplary model:

Target Achieved or **Not Applicable**
Not Achieved/ If
Not, Explain Why:

Transformation Activities: ☐ **Indicator Data Not Applicable:** ☒

Name of Implementation Report Indicator: Evidenced Based – Children with SED Receiving Multi-Systemic Therapy (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2007 Actual	FY 2008 Actual	FY 2009 Target	FY 2009 Actual	2009 % Attained
Performance Indicator	N/A	N/A	N/A	N/A	N/A
Numerator	N/A	N/A		N/A	
Denominator	N/A	N/A		N/A	

Table Descriptors:

Goal: **This table is not applicable.**

Target:

Population:

Criterion: 1: Comprehensive Community-Based Mental Health Service Systems
3: Children's Services

Indicator:

Measure:

**Source(s) of
information:**

Special issues: DCFS is pursuing its commitment toward implementation of evidence based practice services. DCFS has completed statewide training of its therapists in T-F CBT and is moving toward full adoption of this SAMHSA National Registry evidence-based model program. Wraparound services (an OJJDP “promising” treatment model) are operational statewide in Nevada. DCFS

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was able to serve 799 children last year through its Wraparound In Nevada program.

Significance:

Activities and

strategies/

changes/

innovative or

exemplary model:

Target Achieved or **Not Applicable**

Not Achieved/ If

Not, Explain Why:

Transformation Activities: ☐ Indicator Data Not Applicable: ☒

Name of Implementation Report Indicator: Evidenced Based – Children with SED Receiving Family Functional Therapy (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2007 Actual	FY 2008 Actual	FY 2009 Target	FY 2009 Actual	2009 % Attained
Performance Indicator	N/A	N/A	N/A	N/A	N/A
Numerator	N/A	N/A		N/A	
Denominator	N/A	N/A		N/A	

Table Descriptors:

Goal:

This table is not applicable.

Target:

Population:

Criterion:

1: Comprehensive Community-Based Mental Health Service Systems
3: Children's Services

Indicator:

Measure:

Source(s) of
information:

Special issues:

DCFS is pursuing its commitment toward implementation of evidence based practice services. DCFS has completed statewide training of its therapists in T-F CBT and is moving toward full adoption of this SAMHSA National Registry evidence-based model program. Wraparound services (an OJJDP "promising" treatment model) are operational statewide in Nevada. DCFS was able to serve 799 children last year through its Wraparound In Nevada program.

Significance:

Activities and

strategies/

changes/

innovative or

exemplary model:

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Target Achieved or **Not Applicable**
 Not Achieved/ If
 Not, Explain Why:

Transformation Activities: ☐**Name of Implementation Report Indicator:** Client Perception of Care (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2007 Actual	FY 2008 Actual	FY 2009 Target	FY 2009 Actual	2009 % Attained
Performance Indicator	72.89	79.35	75.68	74.29	98.16
Numerator	121	392	--	208	--
Denominator	166	494	--	280	--

Table Descriptors:

Goal: Goal 1: Provide children with high quality mental health services and resources, emphasizing community-based services.

Target: 1.2: Maintain or increase client perception of care, within a 5% year-to-year variance, demonstrated through the number of clients reporting positively about outcomes.

Population: Children with SED

Criterion: 1: Comprehensive Community-Based Mental Health Service Systems
3: Children's Services

Indicator: Percentage of positive responses reported in the outcome domain on the child consumer survey compared with total responses.

Measure: Numerator: Number of positive responses reported in the outcome domain on the child consumer survey.
Denominator: Total number of responses in the outcome domain on the child consumer survey.

Source(s) of information: Statewide survey data.

Special issues: None.

Significance: Client feedback regarding satisfaction with care is a major component of quality assurance efforts.

Activities and strategies/ changes/ innovative or DCFS achieved this goal primarily through the implementation of services described in Section III under criteria one and three of the 2009 application. In particular, DCFS remains focused on its mission statement that children's mental health includes a strength-based, family-focused approach that seeks

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exemplary model: to provide a continuum of care for children with SED. The child and family consumer survey will be completed at least every two years as part of program evaluation and quality assurance efforts.

Target Achieved or Not Achieved/ If Not, Explain Why: **Target Achieved**

Transformation Activities: ☐

Name of Implementation Report Indicator: Child – Return to/Stay in School (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2007 Actual	FY 2008 Actual	FY 2009 Target	FY 2009 Actual	2009 % Attained
Performance Indicator	N/A	N/A	N/A	N/A	N/A
Numerator	N/A	N/A		N/A	
Denominator	N/A	N/A		N/A	

Table Descriptors:

Goal: 1. Provide children with high quality mental health services and resources, emphasizing community-based services.

Target: 1.5: Maintain or increase the percentage of children who return to/stay in school within a 5% year-to-year variance.

Population: Children with SED

Criterion: 1: Comprehensive Community-Based Mental Health Service Systems
3: Children's Services

Indicator: Percent of parents reporting improvement in child's school attendance.

Measure: Numerator: Number of parents reporting improvement in child's school attendance.
Denominator: Total responses.

Source(s) of information: Statewide survey data

Special issues: Nevada has not reported on this performance indicator in the past but will do so in FY 2010.

Significance: Client feedback regarding school attendance is an important outcome measure.

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Activities and
strategies/
changes/
innovative or
exemplary model:

Target Achieved or Not Achieved/ If Not, Explain Why: As mentioned above, Nevada did not establish a target for this indicator but has for SFY 2010.

Transformation Activities: ☐

Name of Implementation Report Indicator: Child – Decreased Criminal Justice Involvement (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2007 Actual	FY 2008 Actual	FY 2009 Target	FY 2009 Actual	2009 % Attained
Performance Indicator	N/A	N/A	N/A	N/A	N/A
Numerator	N/A	N/A		N/A	
Denominator	N/A	N/A		N/A	

Table Descriptors:

Goal: 1. Provide children with high quality mental health services and resources, emphasizing community-based services.

Target: 1.6: Maintain or decrease client involvement with the juvenile justice system within a 5% year-to-year variance.

Population: Children with SED

Criterion: 1: Comprehensive Community-Based Mental Health Service Systems
3: Children's Services

Indicator: Percent of children/youth consumers arrested in T1 who were not rearrested in T2 (new and continuing clients combined).

Measure: Numerator: Number of children/youth consumers arrested in T1 who were not rearrested in T2 (new and continuing clients combined).
Denominator: Number of children/youth consumers arrested in T2 (new and continuing clients combined.)

Source(s) of information: Statewide survey data

Special issues: Nevada has not reported on this performance indicator in the past but will do so in FY 2010.

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Significance: Prevention of repeat involvement in the juvenile justice system is an important outcome measure.

Activities and strategies/ changes/ innovative or exemplary model:

Target Achieved or Not Achieved/ If Not, Explain Why: Nevada has not reported on this performance indicator in the past but will do so in FY 2010.

Transformation Activities: ☐

Name of Implementation Report Indicator: Adult – Increased Stability in Housing (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2007 Actual	FY 2008 Actual	FY 2009 Target	FY 2009 Actual	2009 % Attained
Performance Indicator	.68	.30	N/A	.22	N/A
Numerator	16	8		5	
Denominator	2,367	2,703		2,242	

Table Descriptors:

Goal: 1. Provide children with high quality mental health services and resources, emphasizing community-based services.

Target: 1.7: Maintain or decrease the percentage of child/adolescent clients who are homeless or living in shelters, within a 5% year-to-year variance.

Population: Children with SED

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator: The percentage of child/adolescent clients who are homeless or living in shelters.

Measure: Numerator: Number of adult clients who are homeless or living in shelters.
Denominator: All adult clients with living situation excluding persons with living situation "Not Available".

Source(s) of information: Statewide survey data

Special issues: Nevada has not reported on this performance indicator in the past but will do so in FY 2010. Date from URS Table 15 for FY 2007, 2008 and 2009

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was gathered and entered this year to establish a baseline.

Significance: The prevention of child/adolescent homelessness is an important outcome measure.

Activities and strategies/
changes/
innovative or
exemplary model:

Target Achieved or Not Achieved/ If Not, Explain Why: As mentioned above, Nevada did not establish a target for this indicator but has for SFY 2010.

Transformation Activities: ☐

Name of Implementation Report Indicator: Child – Increased Social Supports/Social Connectedness (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2007 Actual	FY 2008 Actual	FY 2009 Target	FY 2009 Actual	2009 % Attained
Performance Indicator	N/A	84.15	N/A	91.76	
Numerator	N/A	292		256	
Denominator	N/A	347		279	

Table Descriptors:

Goal: 1. Provide children with high quality mental health services and resources, emphasizing community-based services.

Target: 1.4: Maintain or increase the percentage of families reporting positively about social connectedness, within a 5% year-to-year variance.

Population: Children with SED

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator: The percentage of families reporting positively about social connectedness.

Measure: Numerator: The number of families reporting positively about social connectedness.
Denominator: Total number of family responses regarding social connectedness.

Source(s) of information: Statewide survey data.

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Special issues: Nevada has not reported on this performance indicator in the past but will do so in FY 2010.

Significance: Social connectedness is an important outcome measure.

Activities and strategies/
changes/
innovative or exemplary model:

Target Achieved or Not Achieved/ If Not, Explain Why: As mentioned above, Nevada did not establish a target for this indicator but has for SFY 2010.

Transformation Activities: ☐

Name of Implementation Report Indicator: Child – Improved Level of Functioning (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2007 Actual	FY 2008 Actual	FY 2009 Target	FY 2009 Actual	2009 % Attained
Performance Indicator	76.47	74.04	N/A	77.45	
Numerator	130	308		213	
Denominator	170	416		275	

Table Descriptors:

Goal: 1. Provide children with high quality mental health services and resources, emphasizing community-based services.

Target: 1.3 - Maintain or increase, within a 5% year-to-year variance, client perception of level of functioning, demonstrated through the number of clients reporting positively about function upon survey.

Population: Children with SED.

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator: Percentage of positive responses reported in the function domain on the child consumer survey compared with total responses, expressed as a percentage.

Measure: Numerator: Number of positive responses reported in the function domain on the child consumer survey.
Denominator: Total number of qualified responses in the function domain

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on the child consumer survey.

Source(s) of information: Statewide survey data.

Special issues: This performance indicator was not previously reported due to an oversight so a target for FY 2009 was not established. Actual data from FY 2007, 2008 and 2009 was obtained from the URS tables for those years and is provided now.

Significance: Client feedback regarding satisfaction with care is a major component of quality assurance efforts.

Activities and strategies/ changes/ innovative or exemplary model: Although no target was established by FY 2009 due to an oversight, DCFS achieved improved performance in 2009 compared to 2008 primarily through the implementation of services described in Section III under criteria one and three of the 2009 application. In particular, DCFS remained focused on its mission statement for children's mental health which includes a strength-based, family-focused approach that seeks to provide a continuum of care for children with SED.

Target Achieved or Not Achieved/ If Not, Explain Why: As mentioned above, Nevada did not establish a target for this indicator but did achieve an improvement in FY 2009 compared to FY 2008.

STATE PERFORMANCE INDICATORS

Transformation Activities: ☐

Name of Implementation Report Indicator: 3.1: Case Management Services

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2007 Actual	FY 2008 Actual	FY 2009 Target	FY 2009 Actual	2009 % Attained
Performance Indicator	2,357	2,428	2,178	2,492	114.42
Numerator	N/A	N/A	--	N/A	--
Denominator	N/A	N/A	--	N/A	--

Table Descriptors:

Goal: Goal 3: Provide children with a continuum of services that are tailored to their individual needs.

Target: 3.1: Provide case management, within a 5% year-to-year variance, to parental custody and DCFS custody children receiving mental health treatment services.

Population: All child and adolescent clients, regardless of SED status

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Criterion: 1:Comprehensive Community-Based Mental Health Service Systems

Indicator: Case management services provided to parental custody and DCFS custody children receiving mental health treatment services.

Measure: Number of children, ages 0 – 17, receiving case management services who are in parental custody or DCFS custody.

Source(s) of information: AVATAR

Special issues:

Significance: Case management is a primary community-based service that provides clients with a continuum of care.

Activities and strategies/ changes/ innovative or exemplary model: DCFS achieved this goal primarily through the implementation of services described in Section III under criteria one and three of the 2009 application. In particular, DCFS remains focused on the fact that case management is a primary element of community-based treatment for children and adolescents in Nevada.

Target Achieved or Not Achieved/ If Not, Explain Why: **Target Achieved.**

Transformation Activities: ☐

Name of Implementation Report Indicator: 5.1: Adults receiving outpatient treatment

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2007 Actual	FY 2008 Actual	FY 2009 Target	FY 2009 Actual	2009 % Attained
Performance Indicator	1,910	2,297	2,694	2,625	97.44
Numerator	N/A	N/A	--	N/A	--
Denominator	N/A	N/A	--	N/A	--

Table Descriptors:

Goal: Goal 5: Ensure that the service system promotes community-based services.

Target: 5.1: Provide outpatient mental health treatment, within a 5% year-to-year variance, to children statewide.

Population: All child and adolescent clients, regardless of SED status

Criterion: 2:Mental Health System Data Epidemiology

Indicator: Number of children receiving outpatient mental health treatment.

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Measure: Number of children, ages 0 – 17, receiving outpatient mental health treatment.

Source(s) of information: AVATAR

Special issues: DATA NOTE: For SFY 2007 and 2008, the decrease in the total number of children served is due to the fact that case management services were included in the totals for indicator 5.1 through SFY 2006. This has been corrected in SFY 2007 and indicator 5.1 now represents only children receiving outpatient mental health treatment, and is separate from indicator 3.1 for case management services.

Significance: Providing community-based services is a primary goal of the block grant program.

Activities and strategies/ changes/ innovative or exemplary model: DCFS achieved this goal primarily through the implementation of services described in Section III under criteria one and three of the 2009 application. In particular, DCFS remains focused on providing services in the least restrictive environment.

Target Achieved or Not Achieved/ If Not, Explain Why: **Target Achieved.**

Transformation Activities: ☒

Name of Implementation Report Indicator: 6.1: Children with SED served through the WIN program

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2007 Actual	FY 2008 Actual	FY 2009 Target	FY 2009 Actual	2009 % Attained
Performance Indicator	711	799	765	807	105.49
Numerator	N/A	N/A	--	N/A	--
Denominator	N/A	N/A	--	N/A	--

Table Descriptors:

Goal: Goal 6: Provide mental health services based on system-of-care principles.

Target: 6.1: Utilize budgeted funding for a wraparound service model to augment direct services to families and children, demonstrated through the number of children with SED served through the Wraparound In Nevada (WIN) program.

Population: Children with SED

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Criterion: 3:Children's Services

Indicator: Number of children with SED served through the WIN program.

Measure: Number of children with SED, ages 0 – 17, served through the WIN program.

Source(s) of information: AVATAR

Special issues:

Significance: Providing community-based services is a primary goal of the block grant program.

Activities and strategies/
changes/
innovative or
exemplary model: DCFS achieved this goal primarily through the implementation of services described within the narrative in Section III for criteria one and three of the 2009 application. The implementation of the WIN program provided services with a nationally recognized wraparound model.

Target Achieved or Not Achieved/ If Not, Explain Why: **Target Achieved.**

Transformation Activities: ☐

Name of Implementation Report Indicator: 7.1: Children served in rural areas

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2007 Actual	FY 2008 Actual	FY 2009 Target	FY 2009 Actual	2009 % Attained
Performance Indicator	1,573	1,417	1,431	1,081	75.54
Numerator	N/A	N/A	--	N/A	--
Denominator	N/A	N/A	--	N/A	--

Table Descriptors:

Goal: Goal 7: Coordinate with the Division of Mental Health and Developmental Services (MHDS) to facilitate a continuum of services for children and adolescents in rural areas.

Target: 7.1: Maintain or increase, within a 5% year-to-year variance, the number of children served in rural areas.

Population: All child and adolescent clients, regardless of SED status who reside in rural areas.

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Criterion:	4:Targeted Services to Rural and Homeless Populations
Indicator:	Number of children served in rural areas.
Measure:	Number of children, ages 0 – 17, served in rural areas by Rural Clinics and DCFS rural programs.
Source(s) of information:	AVATAR
Special issues:	
Significance:	Providing services to children and adolescents with mental illness is the one of the primary goals of the public mental health system.
Activities and strategies/ changes/ innovative or exemplary model:	Due to significant reductions in available resources (both staffing and funding) resulting from the severe economic downturn in the State, the number of children served in rural areas was lower in 2009 than in previous years and will almost certainly be lower in the foreseeable future. MHDS attempted to limit the decrease in the number of children served in rural areas by emphasizing community-based services, implementing evidence-based practices and consumer involvement in service planning and delivery.
Target Achieved or Not Achieved/ If Not, Explain Why:	Not Achieved. As mentioned above, significant reductions in resources (staffing and funding) due to the severe economic downturn in Nevada resulted in staff reductions and vacancies in various positions which compromised the Division's ability to meet the target.

Transformation Activities: ☐

Name of Implementation Report Indicator: 8.1: Children who are homeless or at risk of homelessness receiving mental health services

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2007 Actual	FY 2008 Actual	FY 2009 Target	FY 2009 Actual	2009 % Attained
Performance Indicator	188	126	125	50	40.00
Numerator	N/A	N/A	--	N/A	--
Denominator	N/A	N/A	--	N/A	--

Table Descriptors:

Goal:	Goal 8: Address the needs of children who are homeless or at risk of homelessness statewide.
Target:	8.1: Provide community-based services, within a 5% year-to-year variance, to children who are homeless or at risk of homelessness statewide.
Population:	All child and adolescent clients, regardless of SED status

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Criterion:	4:Targeted Services to Rural and Homeless Populations
Indicator:	Children who are homeless or living in a shelter served or at risk of becoming homeless statewide.
Measure:	Number of children who are homeless or living in a shelter or at risk of becoming homeless, ages 0 – 17, receiving mental health services statewide.
Source(s) of information:	AVATAR
Special issues:	There appears to have been some inconsistencies in the methodology for counting the number of children and adolescents who are "at risk of becoming homeless". In addition, URS Table 15 shows a high percentage (45.7%) of the living situations for children/adolescents are in the "Other" or "NA" column which casts some doubt on the reliability of Nevada's data for this characteristic.
Significance:	Outreach to populations who are homeless or at risk of homelessness is an identified area of need for mental health service provision.
Activities and strategies/ changes/ innovative or exemplary model:	<p>Services to children in the rural areas are provided through the MHDS system of Rural Clinics. Services to children who are homeless or at risk of becoming homeless are provided through child protective services agencies in Washoe County and Clark County, nonprofit agencies, and DCFS agencies in the northern and southern regions.</p> <p>All agencies involved in this endeavor seek to address the needs of children who are homeless as well as those who are at risk of becoming homeless. Services to homeless populations are addressed through services coordinated by the three regional Continuum of Care (CoC) initiatives described in Section III, criterion four of the Adult Plan in the 2009 application. Funding for these services is enhanced by HUD, PATH and Shelter Plus Care grants.</p>
Target Achieved or Not Achieved/ If Not, Explain Why:	Not Achieved. As mentioned above in the Special Issues section, there appears to have been some inconsistencies in the methodology for reporting this performance indicator. This makes it difficult to compare year to year changes. Going forward, Nevada will be consistent in its reporting methodology in order to make year to year comparisons meaningful.

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Transformation Activities: ☐**Name of Implementation Report Indicator:** 9.1: Funding committed to community-based services

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2007 Actual	FY 2008 Actual	FY 2009 Target	FY 2009 Actual	2009 % Attained
Performance Indicator	39.88	54.14	57.31	63.57	110.92
Numerator	21,429,093	23,922,652	--	26,445,396	--
Denominator	53,722,021	44,105,805	--	41,600,619	--

Table Descriptors:

Goal:	Goal 9: Commit funding and resources that are focused on community-based services for children.
Target:	9.1: Maintain or increase, within a 5% year-to-year variance, funding committed to community-based services.
Population:	All child and adolescent clients, regardless of SED status
Criterion:	5:Management Systems
Indicator:	DCFS expenditures for community-based mental health programs compared with total DCFS expenditures for mental health, expressed as a percentage.
Measure:	Numerator: Total amount budgeted for programs that are community-based, which exclude inpatient and forensic programs. This is matched to the Children's Set-Aside reported as part of the Maintenance of Effort (MOE) calculations. Denominator: Legislature-approved budget for all children's mental health services.
Source(s) of information:	Fiscal data is obtained using an internal agency analysis of State budget reports. The analysis is completed by fiscal staff and is based on information provided in Budget Status Reports, which identify appropriations for all programs.
Special issues:	DATA NOTE: Funding committed to community-based services, represented by the children's set-aside in the numerator, decreased significantly in SFY 2007 because of the Medicaid Behavioral Health Redesign and the termination of therapeutic foster care placements through DCFS. These funding shifts have decreased the overall DCFS budget for community-based services during the prior two State fiscal years. This is also true for the decrease in the SFY 2008 children's mental health services budget in the denominator.

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Significance:	Expenditures for community-based services are a primary requirement of the CMHS Block Grant.
Activities and strategies/ changes/ innovative or exemplary model:	DCFS achieved this goal primarily through the implementation of services described in Section III under criterion one of the 2009 application. As mentioned throughout the application, Nevada's statewide general fund revenue shortfall will make it difficult to continue services in the coming biennium at the level of the previous biennium.
Target Achieved or Not Achieved/ If Not, Explain Why:	Target Achieved.

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STATE MENTAL HEALTH PLANNING COUNCIL LETTER

A letter from the Chair of Nevada's Mental Health Planning Advisory Council directly follows this page.

December 1, 2009



JIM GIBBONS
Governor

STATE OF NEVADA
MENTAL HEALTH PLANNING ADVISORY COUNCIL

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Chair

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Acting Past Vice
Chair

November 30, 2009

Ms. Barbara Orlando
Grants Management Officer
Division of Grants Management, OPS
Room 7-1091
SAMHSA
1 Choke Cherry Road
Rockville, MD 20850

Re: Nevada's CMHS Block Grant Implementation Report for FY 2009

Dear Ms. Orlando:

I am writing to you regarding the Community Mental Health Services Block Grant Implementation Report submitted by the State of Nevada for fiscal year 2009. On behalf of the Nevada Mental Health Planning Advisory Council (MHPAC), I have conducted a review of the Implementation Report and am providing feedback on the Council's behalf. I am pleased to see that the Division of Mental Health and Developmental Services (MHDS) and the Division of Child and Family Services (DCFS) achieved a majority of the performance indicator goals that were set related to services for adults and children within the state system of care.

The Council members are continuing their work to better understand the data in the Implementation Report and the Uniform Reporting System (URS) tables. During calendar year 2010, the Council will continue to review mental health data as part of its work to identify and address significant areas of need in Nevada's system of care.

The Council has great concern about the adverse affects on all health and human services programs of the statewide general fund revenue shortfall in Nevada. Many of the health and human service agencies in Nevada will be facing large budget cuts and will be grappling with the challenges of needing to serve fewer clients, reduce services, or cut programs.

Mental health services to adults and children are included in these existing and proposed reductions. However, despite the challenging fiscal shortfall in our state, both MHDS and DCFS remain committed to minimizing the negative impact these cuts will have on our mental

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health consumers, and the services they receive. The reorganization of the Rural Clinics agency is an excellent example of how MHDS is seeking practical efficiencies in their operation.

Please accept this letter on behalf of the MHPAC as a statement of its formal review of the FY 2009 CMHS Block Grant Implementation Report. Together, both the Divisions and the Council continue working toward the common goal of improving the lives of children with severe emotional disturbances and adults with chronic mental illnesses.

If you have any questions about the Council's feedback, please feel free to contact me at 702.410.4274. or alycethomaslv@yahoo.com.

Sincerely,

A handwritten signature in blue ink that reads "Alyce Thomas". The signature is written in a cursive, flowing style.

Alyce Thomas
Chair, Nevada MHPAC

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URS TABLES

The Uniform Reporting System (URS) Tables for Nevada for 2009 directly follow this page.